

TRANSMITTAL LETTER

P010000 24432

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

800003801748--1  
-03/06/01--01013--008  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: DORA'S TWO SONS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAR -5 PM 2:43

FILED

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$37.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: DORA'S TWO SONS, INC.  
Name (Printed or typed)  
DBA- DOUBLE DRAGON KARATE ACADEMY  
2632 STATE ROAD 434 W, SUITE 100  
Address  
LONGWOOD, FL 32779-4447  
City, State & Zip  
407- 869-8110  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

Walt GAVE  
AUTHORIZATION BY PHONE TO  
CORP. ST Remove DBA  
DATE 3-9-01  
DOC. EXAM 7c

F. CHESNEY

MAR

8 2000

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

DORA'S TWO SONS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2632 STATE ROAD 434 W, SUITE 100  
LONGWOOD, FL 32779-4447

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

KARATE INSTRUCTION SCHOOL

## ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

- WALTER SOMMERVILLE  
444 GLEN HAVEN DR, DELTONA, FL 32738
- THOMAS SOMMERVILLE  
410 GLEN ABBEY LANE, DEBARY, FL 32713

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

THOMAS SOMMERVILLE  
410 GLEN ABBEY LANE, DEBARY, FL 32713

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WALTER SOMMERVILLE  
444 GLEN HAVEN DR, DELTONA, FL 32738

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

x   
Signature/Registered Agent

Thomas Sommerville x 3-2-01  
Date

x   
Signature/Incorporator

x 3-2-01  
Date

Walter Sommerville

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED