P0200100158

TRANSMITTAL LETTER

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

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| Tallanassee, FL 32314 | - |
|---|--|
| SUBJECT: TAE KWON D (Proposed corpor | DO CENTER OF SAN CARLOS PARK, NC. rate name – must include suffix) |
| Enclosed is an original and one (1) cop | y of the articles of incorporation and a check for: |
| \$70.00 \$78.75 Filing Fee Filing Fee & Certificate | \$78.75 \$87.50 Filing Fee & Certified Copy & Certificate |
| | Additional Copy Required |
| FROM: _ | Name (printed or typed) Name (printed or typed) |
| - | 9130 KINGS COVE CT TO THE TOTAL Address Address El 334739 |
| | FORT MYERS, FL 339120 City, State & Zip |

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

Daytime Telephone number

ARTICLES OF INCORPORATION

2002 SEP 16 AM 10: 39

SEGRETARY OF STATE TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

THE KNOW DO CENTER OF SAN CALLOS PARK, INC.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9130 KINES COVE CF FORT MYELS, FL 33912

ARTICLE III

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LEON TENN 9130 KINGS COVE CT FORT MYELS, FL 33912 ARTICLE V

INCORPORATOR(S)

See instructions for officer/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LEON TENN 9130 KINGS COVE CT FORT MYENS, FL 33912

| The undersigned incorpo | or(s) has(have) executed these Articles of Incorporation this | |
|--|---|--|
| day of | | |
| (An additional article magnetic emagnetic) | be added if an effective date is requested.) | |
| x ₩ | Con Lety Signature | |
| | Signature | |
| | Signature | |

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

FILED

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE 002 SEP 16 AM 10: 39

TALLAHASSEE FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. | The name of the corporation is: THE KWON DO CENTEL OF SAN LALLOS PARK IN | n |
|----|--|---|
| | | |
| | | |
| 2. | The name and address of the registered agent and office is: | |
| | LEON TENN (NAME) | = |
| | (NAME) | |
| | 9130 KINGS COVE CT | |
| | (P. O. Box or Mailing Drop Box NOT Acceptable) | |
| • | FORT MYELS, FL 33912 | |
| | (City/State/Zip) | |

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

ATURE) (DATE