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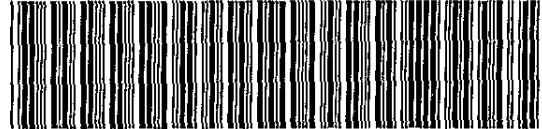
AUTHORIZATION BY PHONE TO

CORRECT corp. name

DATE 7/17

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

Family Martial Arts and Fitness Inc.

SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Anita Castricone
Name (Printed or typed)

1611 Gray Back Ar
Address

Oldsmar FL 34677
City, State & Zip

727-455-0604
Daytime Telephone number

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

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:

Family Martial Arts and Fitness Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1611 Gray Bark Dr, Oldsmar FL, 34677

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Martial Arts

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Anita L Castricone President
Daniel K Castricone V.P

ARTICLE VI REGISTERED AGENT

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

Anita L Castricone
1611 Gray BARK Dr.
Oldsmar, FL 34677

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Anita L Castricone
1611 Gray BARK Dr.
Oldsmar, FL 34677

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

Anita L Castricone
Signature/Registered Agent

7/12/03
Date

Anita L Castricone
Signature/Incorporator

7/12/03
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA