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TRANSMITTAL LETTER

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

| SUBJECT: JUARBE'S MARTIAL ARTS IN | | | | |
|---|------------------|--|--|--|
| (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) | | | | |
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| | | | | |
| Enclosed are an original and one (1) copy of the articles of incorporation and a check for: | | | | |
| □ \$70.00 □ \$78.75 □ \$78.75 | \$87.50 | | | |
| | Filing Fee, | | | |
| | Certified Copy | | | |
| | & Certificate of | | | |
| St | Status | | | |
| ADDITIONAL COPY R | REQUIRED | | | |
| | | | | |
| FROM: JOSE JUACHE | | | | |
| Name (Printed or typed) | | | | |
| 120 11 2 10 15 21 11 # 202 | | | | |
| 478 N PIN OAK PLACE # 302 | | | | |
| Address | | | | |
| | | | | |
| LONGWOOD FL 32779 City, State & Zip | | | | |
| City, State & Zip | | | | |
| 407-774-0661 | | | | |
| 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) The name of the corporation shall be: JUAI BE'S MARTIAL ARTS INC. 478 North PIN OAK PLACE # 30.7 ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: LONGWOOD, FL 32779 ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO TEACH MARTIAL ARTS FOR A PROPERT. ARTICLE IV SHARES The number of shares of stock is: 500 INITIAL OFFICERS AND/OR DIRECTORS Jose Juarbe, President List name(s), address(es) and specific title(s): 978 N. PINOAK PLACE # 302 Longwood, FL 32779 REGISTERED AGENT The name and Florida street address of the registered agent is: Jose Juache 478 N. PIN OAK Place # 302 Longwood, FL 32779 Jose Juarbe ARTICLE VII INCORPORATOR 478 N. PIN OAK PLACE # 302 Longwood, FL 32779 The <u>name and address</u> of the Incorporator is:

Having been named as registered agan 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

| Signature/Registered Agent| | Date | Signature/Incorporator | Date | Signature/Incorporator | Date | Signature/Incorporator | Signature/Incorporator