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(City/State/Zip/Phone #)

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(Business Entity Name)

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04 MAR 11 PM 12:48  
TALLAHASSEE, FLORIDA

7/13/2004

## TRANSMITTAL LETTER

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

SUBJECT: FLORIDA AIKIDO ASSOCIATION, INC.  
(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: DR. JUSTIN NEWMAN  
Name (Printed or typed)

8241 S.W. 107TH AVE., STE C  
Address

MIAMI, FL 33173-3730  
City, State & Zip

305-898-6020  
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:  
FLORIDA AIKIDO ASSOCIATION, INC.

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
8241 S.W. 107TH AVE., STE C  
MIAMI, FL 33173-3730

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO DEVELOP A NETWORK OF EDUCATORS WHICH PROVIDES THE COMMUNITY WITH REGULAR  
HUMANITARIAN CONTRIBUTIONS, FURTHER DEVELOP THE INSTRUCTIONAL SEMINAR MARKET, AND  
PROMOTE AN UNDERSTANDING OF AIKIDO, THE ART OF PEACE.

### **ARTICLE IV SHARES**

The number of shares of stock is:  
1000 COMMON SHARES @ \$0.01 PAR VALUE

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
DR. JUSTIN NEWMAN, PRESIDENT  
8241 S.W. 107TH AVE., STE C  
MIAMI, FL 33173-3730

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
DR. JUSTIN NEWMAN  
8241 S.W. 107TH AVE., STE C  
MIAMI, FL 33173-3730

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
DR. JUSTIN NEWMAN  
8241 S.W. 107TH AVE., STE C  
MIAMI, FL 33173-3730

\*\*\*\*\*

*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*

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date