

P04000143757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

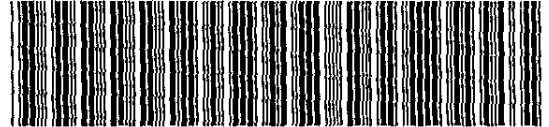
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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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FILE  
TALLAHASSEE, FL 32301

## TRANSMITTAL LETTER

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

SUBJECT: Triple Point System 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: MICHAEL W. JENNINGS  
Name (Printed or typed)

914 SPOTTS WOOD DRIVE  
Address

TALLAHASSEE, FL 32308  
City, State & Zip

850. 212. 0739  
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:

Triple Point System Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

914 SPOTTSWOOD DRIVE TALLAHASSEE, FL 32308

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SELF DEFENSE / 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):

MICHAEL W. JENNINGS

914 SPOTTSWOOD DRIVE TALLAHASSEE, FL 32308

DIRECTOR

WILLIAM L. JUSTICE IV

740 EAST BREVARD ST. #C

TALLAHASSEE, FL 32308

ASSISTANT DIRECTOR

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MICHAEL W. JENNINGS

914 SPOTTSWOOD DRIVE

TALLAHASSEE, FL 32308

### ARTICLE VII INCORPORATOR

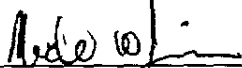
The name and address of the Incorporator is:

MICHAEL W. JENNINGS

914 SPOTTSWOOD DRIVE

TALLAHASSEE, FL 32308

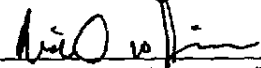
\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10/19/04

Date



Signature/Incorporator

10/19/04

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA