

P08000001038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

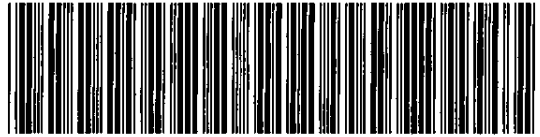
(Document Number)

Certified Copies _____ Certificates of Status _____

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W07-62135



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12/26/07--01013--022 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN - 7 AM 9:11

gf 1/8/08

TRANSMITTAL LETTER

FL 10
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN -7 AM 9:11

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

SUBJECT: CENTRAL FLORIDA TENNIS ACADEMY 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: PRO TAX SERVICES, INC
Name (Printed or typed)

937 LONGDALE AVE
Address

LONGWOOD, FL 32750
City, State & Zip

(407) 835 - 9845
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
08 JAN -7 AM 8:00
DIVISION OF CORPORATIONS

December 27, 2007

PRO TAX SERVICES INC.
937 LONGDALE AVENUE
LONGWOOD, FL 32750

SUBJECT: CENTRAL FLORIDA TENNIS ACADEMY INC.
Ref. Number: W07000062135

We have received your document for CENTRAL FLORIDA TENNIS ACADEMY INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

An effective date may be added to the Articles of Incorporation **if a 2008 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 907A00071728

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN -7 AM 9:11

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN -7 AM 9:11

ARTICLE I NAME

The name of the corporation shall be:

CENTRAL FLORIDA TENNIS ACADEMY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

212 VIA TUSCANY LOOP
LAKE MARY, FL 32746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

100 - ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DRISS OUZZANI - PRESIDENT
PO BOX 161791
ALTAMONTE SPRINGS, FL 32716

ARTICLE VI REGISTERED AGENT

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

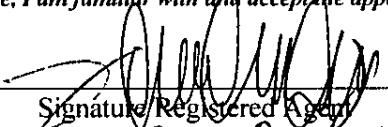
DRISS OUZZANI
212 VIA TUSCANY LOOP
LAKE MARY, FL 32746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DRISS OUZZANI
PO BOX 161791
ALTAMONTE SPRINGS, FL 32716

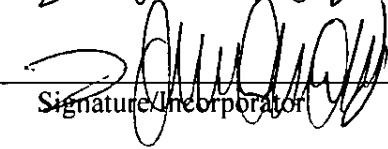
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

12/21/2007

Date



Signature/Incorporator

12/21/2007

Date