

PD8000038192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

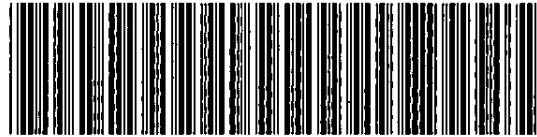
(Document Number)

Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 15 PM 4:13

APPROVED
AND
FILED

pm 4/15/08

April 8 2008

Red Dragon Martial Arts Inc

6169 S Jog Road

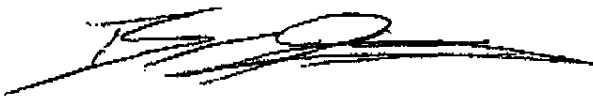
Unit C-9

Lake Worth FL 33467

To whom It may concern,

The company/entity applying for the corporate identity of "Red Dragon Martial Arts, Inc" is the same company/entity already known as "Red Dragon Martial Arts LLC".

Sincerely,



Beau Norgeot

Owner

Red Dragon Martial Arts

(561)843-3515

Fax: (561)819-9059

www.joinreddragon.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 15 PM 4:13

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: Red Dragon Martial Arts, 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: Beau Norgeot

Name (Printed or typed)

6169 Dog Rd Suite C-9

Address

Lake Worth, FL 33467

City, State & Zip

561-843-3515

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:

Red Dragon Martial Arts, Inc.

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

6169 Jog Rd Suite C-9
Lake Worth, FL 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is:

one hundred (100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

Beau Norgeot

6169 Jog Rd Suite C-9
Lake Worth, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Beau Norgeot

6169 Jog Rd Suite C-9
Lake Worth, FL 33467

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

✓ 4/1/08
Date

✓ 
Signature/Incorporator

✓ 4/1/08
Date

08 APR 15 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED