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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Burch AUG 25 2009

## COVER LETTER

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

SUBJECT: Quality 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

FROM: Quality Martial Arts  
Name (Printed or typed)

10453 Gibsonton Drive  
Address

Riverview, FL 33569  
City, State & Zip

813.924.7341  
Daytime Telephone number

qualitymartialarts@live.com  
E-mail address: (to be used for future annual report notification)

**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: **Quality Martial Arts, Inc.**

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is: **10453 Gibsonton Drive Riverview, FL 33569**

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **as a martial arts studio.**

### **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): **Martin Hayes, owner  
11405 Coconut Drive Riverview, FL 33569  
Dakeyan Cha' Dre' Graham, owner  
734 Isleton Drive Brandon, FL 33511**

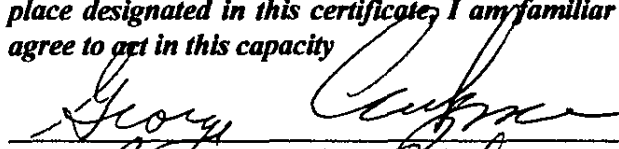
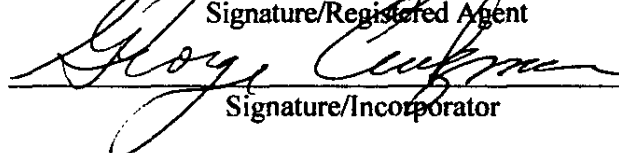
### **ARTICLE VI REGISTERED AGENT**

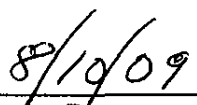
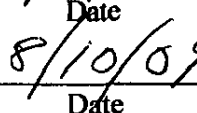
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
**George Creekmur  
4219 King Alfred Drive  
Tampa, FL 33610**

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
**George Creekmur  
4219 King Alfred Drive  
Tampa, FL 33610**

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

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

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