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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
CORAL GABLES SHORIN RYU, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

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11 JAN 14 PM 2:37

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I NAME**Coral Gables Shorin Ryu, Inc.
The name of the corporation shall be:**ARTICLE II PRINCIPAL OFFICE**Principal street address
1130 Sorolla Avenue
Coral Gables FL 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business permitted under the laws of the State of Florida and the United States of America

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Houchin - P/D

Address: 1130 Sorolla Avenue

Coral Gables FL 33134

Name and Title: David Caserta - VP/D

Address: 1130 Sorolla Avenue

Coral Gables FL 33134

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: John Houchin

Address: 1130 Sorolla Avenue

Coral Gables FL 33134

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Ellen Widom

Address: 7305 SW 141 Terrace

Miami FL 33158

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

John Houchin
Required Signature/Registered Agent

1/14/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ellen Widom
Required Signature/Incorporator

1/14/2011

Date