

P13000046981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

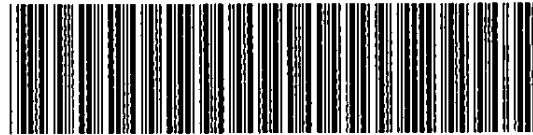
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
13 MAY 28 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
5/30/13

## COVER LETTER

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

SUBJECT: GOIANO JIU JITSU, 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: RAFAEL DE LIMA  
Name (Printed or typed)

8377 STANDISH BEND DR. Ste 107  
Address

TAMPA, FL 33615  
City, State & Zip

727 557 4931  
Daytime Telephone number

GOIANOJJI@GMAIL.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: GOIANO JIU JITSU, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8377 STANDISH BEND DR.

SAME

Ste. 107

TAMPA, FL 33615

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: MARTIAL ARTS

BRAZILIAN JIU JITSU SCHOOL

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RAFAEL DE LIMA/pres Name and Title: \_\_\_\_\_

Address 8377 STANDISH BEND DR. Address: \_\_\_\_\_

Ste 107

TAMPA, FL 33615

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

(cont.)

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

13 MAY 28 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

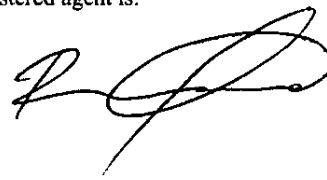
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

RAFAEL DE LIMA

Address:

24430 MISTWOOD CT  
LUTZ, FL 33559



**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

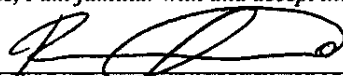
RAFAEL DE LIMA

Address:

24430 MISTWOOD CT  
LUTZ, FL 33559



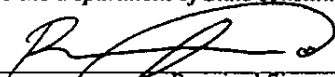
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

05/22/13  
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.*



Required Signature/Incorporator

05/22/13  
Date