

P/3000086268

(Requestor's Name)

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10/21/13--01010--009 **78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 21 PM 2:05

10/22/13

COVER LETTER

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

SUBJECT: Tough Training Center 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

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Adailton Dos Reis

Name (Printed or typed)

575 NW. 45th Street

Address

Miami, FL 33127

City, State & Zip

305-989-6628

Daytime Telephone number

erikadosreis@yahoo.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 21 PM 2:05

ARTICLE I NAME

The name of the corporation shall be: Tough Training Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

575 NW. 45th Street

Miami, FL 33127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To provide training of Capoeira (a Afro-Brazilian Martial Art Form), Training of Brazilian Jiu Jitsu

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adailton Dos Reis/President

Name and Title: Erika Dos Reis/Secretary

Address: 575 NW. 45th Street
Miami, FL 33127

Address: 575 NW. 45th Street
Miami, FL 33127

Name and Title: Tommy Peeples/Treasurer

Name and Title: _____

Address: 1840 James Ave. #3
Miami Bch. Fl. 33139

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Adailton Dos Reis
Address: 575 NW. 45th Street
Miami, FL 33127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adailton Dos Reis
Address: 575 NW. 45th Street
Miami, FL 33127

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

Adailton Dos Reis
Required Signature/Registered Agent

10/15/2013
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.

Adailton Dos Reis
Required Signature/Incorporator

10/15/2013
Date

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