## P/3000086368

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>• #)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	currient Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

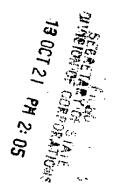
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## **COVER LETTER**

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

<sub>subject:</sub> Tou	gh Training Cen	ter Inc.	
<del></del>	(PROPOSED CORPORA	ATË NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY 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)

ICLE I NA ame of the corpo	ME ration shall be: Tough Training Ce	nter, Inc.	
<i>icle 11 - pr</i> 5 NW. 45tl	Principal office Principal street address  Street		Mailing address, if different is:
ami, FL 3	3127		
	RPOSE  the corporation is organized is:		
	ng of Capoeira (a Afro-Brazilian Ma	rtial Art Form	n), Training of Brazilian Jiu J
		******	<del></del> -
		<del>.,</del>	
TCLE IV SH	IARES of stock is:		
umber of shares of			
umber of shares of	ITIAL OFFICERS AND/OR DIRECTORS	_	Erika Dos Reis/Secreta
umber of shares		Name and Title	Erika Dos Reis/Secreta
umber of shares of	ITIAL OFFICERS AND/OR DIRECTORS	_	•
TICLE V IN  Name and Tit  Address	Adailton Dos Reis/President 575 NW. 45th Street Miami, FL 33127	Name and Title Address:	575 NW. 45th Street Miami, FL 33127
Name and Titl	Adailton Dos Reis/President  575 NW. 45th Street  Miami, FL 33127  Tommy Peeples/Treasurer	Name and Title Address: Name and Title	575 NW. 45th Street Miami, FL 33127
TICLE V IN  Name and Tit  Address	Adailton Dos Reis/President  575 NW. 45th Street  Miami, FL 33127  Tommy Peeples/Treasurer	Name and Title Address:	575 NW. 45th Street Miami, FL 33127
Name and Titl Address  Name and Titl Address	Adailton Dos Reis/President  575 NW. 45th Street  Miami, FL 33127  Tommy Peeples/Treasurer  1840 James Ave. #3  Miami Bch. Fl. 33139	Name and Title Address: Name and Title Address:	575 NW. 45th Street Miami, FL 33127
Name and Titl Address  Name and Titl Address	Adailton Dos Reis/President  575 NW. 45th Street  Miami, FL 33127  Tommy Peeples/Treasurer  1840 James Ave. #3	Name and Title Address:  Name and Title Address:	575 NW. 45th Street Miami, FL 33127

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT  rida street address (P.O. Box NOT acceptable) of	The registered good in	
Name:	Adailton Dos Reis	the registered agent is:	
Address:	575 NW. 45th Street	-	
	Miami, FL 33127	•	
ARTICLE VII	INCORPORATOR		
The <u>name and ado</u>	Iress of the Incorporator is:		
Name:	Adailton Dos Reis		
Address:	575 NW. 45th Street	_	
	Miami, FL 33127	-	
Having been name this certificate, I as	ed as registered agent to accept service of process m familiar with and accept the appointment as reg	for the above stated corporation istered agent and agree to act i	on at the place designated in n this capacity 10/15/2013
· www.	Required Signature/Registered Agent		Date
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon		
Udail	ton Costicia		10/15/2013
-	Required Signature/Incorporator		Date

## **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 orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

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_	City, State & Zip
	305-989-6628
_	Daytime Telephone number
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NOTE: Please provide the original and one copy of the articles.