

P13000096215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

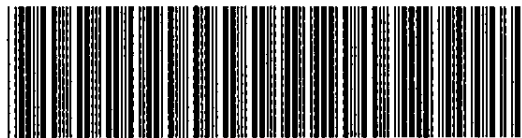
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/27/13--01013--012 **78.75

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: suncoast mma corp.

(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: chris scura

Name (Printed or typed)

1951 cardamon drive

Address

trinity, fl 34655

City, State & Zip

727-237-7231

Daytime Telephone number

suncoastmma@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)

ARTICLE I NAME

The name of the corporation shall be: suncoast mma corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8517 old cr 54, new port richy,
fl, 34655

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: martial arts school.

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: chris scura/president

Name and Title: _____

Address: 1951 cardamon, drive
trinity, fl 34655

Address: _____

Name and Title: raymond norton/president

Name and Title: _____

Address: 3149 elington way
new port richy, fl 34655

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE FLORIDA

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:

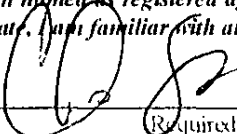
Name: chris scura
Address: 1951 cardamon drive
trinity, fl 34655

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: chris scura
Address: 1951 cardamon drive
trinity, fl 34655

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

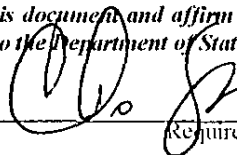


Required Signature/Registered Agent

11/24/2013

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.



Required Signature/Incorporator

11/24/2013

Date

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