

PISOW 87237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

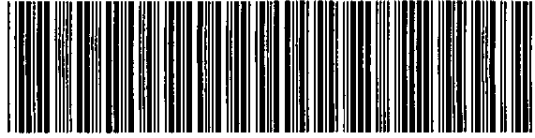
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WISOW 60598

OCT 23 2015

T. SCOTT



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15 OCT 15 AM 11:48



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 15, 2015

HENRI HOOFT  
317 FRANKLIN CLUB DRIVE #6107  
DELRAY BEACH, FL 33483

SUBJECT: HKICKBOXING, INC.  
Ref. Number: W15000060598

We have received your document for HKICKBOXING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 415A00019442

## COVER LETTER

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

**SUBJECT:** HKICKBOXING, 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:** HENRI HOOFT  
Name (Printed or typed)

317 FRANKLIN CLUB DRIVE #6107  
Address

DELRAY BEACH, FL 33483  
City, State & Zip

(954) 494-3520  
Daytime Telephone number

ginnie\_@hotmail.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: HKICKBOXING, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

317 FRANKLIN CLUB DRIVE #6107

DELRAY BEACH, FL 33483

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PROVIDE TRAINING TO PROFESSIONAL ATHLETES.

**ARTICLE IV SHARES**

The number of shares of stock is: ~~10000~~ 100

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

Name and Title: HENRI HOOFT, CEO

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

Address 317 FRANKLIN CLUB DRIVE #6107

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

DELRAY BEACH, FL 33483

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

15 OCT 5 AM 11:40

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: FAUSTA G. LIPSCOMB, CPA  
Address: 11179 GRANDVIEW MNR  
WELLINGTON, FL 33414

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: FAUSTA G. LIPSCOMB  
Address: 11179 GRANDVIEW MNR.  
WELLINGTON, FL 33414

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

*Fausta G. Lipscomb*  
Required Signature/Registered Agent

8/31/2015  
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.*

*Fausta G. Lipscomb*  
Required Signature/Incorporator

8/31/2015  
Date