

P17000037419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

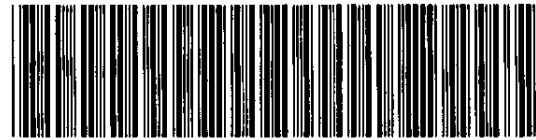
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600297893896

04/17/17--01029--003 **128.75

FILED
17 APR 25 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 26 2017

T SCHROEDER

COVER LETTER

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

SUBJECT: CERTIFICATION OF DOMESTICATION

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

JAMES + DEBRA S. THEROS
Name (printed or typed)

854 CENTERWOOD DR.
Address

TARPON SPRINGS, FL 34688
City, State & Zip

317 270 7028
Daytime Telephone Number

OTTERHALF @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, DEBRA THEROS, Co-OWNER,
(Name) (Title)

of LEVEL TEN MARTIAL ARTS, INC. a foreign corporation,
(Corporation Name)

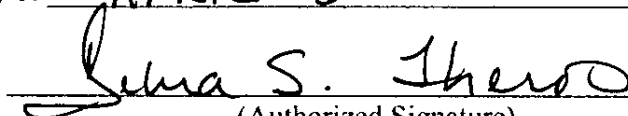
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was 06/11, 2003.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was INDIANAPOLIS, IN.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was LEVEL TEN MARTIAL ARTS, INC..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is LEVEL TEN MARTIAL ARTS, INC..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was INDIANAPOLIS, IN.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Co-OWNER of LEVEL TEN MARTIAL ARTS, INC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 12th day of APRIL, 2017.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

FILED
17 APR 25 AM 9:26
CLERK OF THE STATE
JAIL HOUSE, FLORIDA

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

LEVEL TEN MARTIAL ARTS, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

854 CENTERWOOD DR
TARPON SPRINGS, FL
34688

Same

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

FAMILY MARTIAL ARTS AND
LEADERSHIP SKILLS TRAINING.

FILED
17 APR 25 AM 9:26
REDA JUDGE OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

TEN (10)**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Title/Name

JAMES THEROS, OWNER854 CENTERWOOD DRTARPON SPRINGS, FL 34688

Title/Name

Title/Name

DEBRA THEROS, CO-OWNER854 CENTERWOOD DRTARPON SPRINGS, FL 34688

Title/Name

Title/Name

Title/Name

Title/Name

FILED
17 APR 25 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESSTHE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Debra Theros
854 CENTERWOOD DR
TARPON SPRINGS, FL 34688

ARTICLE VII INCORPORATORTHE NAME AND ADDRESS OF THE INCORPORATOR IS:

JAMES THEROS
854 CENTERWOOD DR
TARPON SPRINGS FL 34688

HAVING BEEN DULY AND LEGITIMATELY ADVICE BY MYSELF OR BY ANOTHER PERSON 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.

Debra S. Theros
Signature/Registered Agent

4/12/17
Date

James Theros
Signature/Incorporator

4/12/17
Date

FILED
17 APR 25 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA