## 7970000067595

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97 NG -1 FILES

SECTION OF THE FILES

**JULY 26, 1997** 

FLORIDA DEPARTMENT OF STATE DIVISION OF COPORATIONS PO BOX 6327 TALLAHASSEE, FLORIDA.. 32314 8000022550178---0 -03/01/97--01070--013 \*\*\*\*122.50 \*\*\*\*122.50

RE: ANDY SILVA'S BLACK BELT ACADEMY, INC.

## GENTLEMEN:

ENCLOSED PLEASE FIND THE ORIGINAL AND ONE COPY OF THE ARTICLES OF INCORPORATION, TOGETHER WITH MY CHECKNIN THE AMOUNT OF \$122.50/XX.

THIS REPRESENTS THE COST OF FILING FEES, CERTIFIED COPY OF ARTICLES OF INCORPORATION AND FEE FOR REGISTERED AGENT DESIGNATION FOR THE ABOVE NAMED CORPORATION.

**VERY TRULY YOURS,** 

JAMES F. GILVA, JR.

ANDY SILVA'S BLACK BELT ACADEMY, INC.

JAMES F. SILVA, JR. GAVE
AUTHORIZATION BY PHONE TO
CORRECT R.A.
DATE 8-5-97
DOĆ. EXAM JA

(305) 558-7252

JN 8-5-97

## ARTICLES OF INCORPORATION

	AMICL	ES OF INCOM CHANCIN			
		of	The Artiful Agents of		
·	ANDY SILVA'S BLA	CK BELT ACADEMY, INC.			
		(name of corporation)			
	ned acting as the incorporators of les of incorporation for such corporation	a corporation under the Florida Business Coration:	'orporation Act, adopt(s)		
	ARTI	CLE I - CORPORATE NAME	<b>∓</b> ⊆ <b>9</b>		
The name of	The name of the corporation is:				
	ANDY SILVA'S BLA	CK BELT ACADEMY, INC.	<u> </u>		
		ARTICLE II - DURATION			
This corpora	tion shall exist perpetually unless	dissolved according to Florida law.	1: 49 C.D.)		
		ARTICLE III - PURPOSE			
	tion is organized for the purpose of the State of Florida.	of engaging in any activities or business per	mitted under the laws of the		
	AR	TICLE IV - CAPITAL STOCK			
The corpora	tion is authorized to issue 1,000	shares of common stock, par value \$	1.00 per share.		
·	ddress of the initial principal offic	E V - INITIAL PRINCIPAL OFFICE te and, if different, the mailing address is:			
STREET ADDR	ESS				
	7602 NW 186 Street				
CITY	Miami	FLORIDA	ZIP 33015		
	dress, if different				
STREET ADDR	ESS 6800 NW 169 STREET				
CITY	MIAMI LAKES	FLORIDA FL	ZIP 33015		
		TIAL REGISTERED OFFICE AND AG			
The street	address of the initial registered	i office and the name of the initial regis	tered agent at the office is:		
NAME .	JAMES F. SILVA, JR.				
ADDRESS	7602 NW 186 STREET				
CITY	MIAMI	FLORIDA	ZIP 33015		

ither increased or	tion shall have 1 ( diminished from time to time by the By-	Laws, but shall never be less t	The number of directors may be than one (1). The names and
<del></del>	itial director(s) of the corporation are as f	ollows:	
NAME	JAMES F. SILVA, JR.		
ADDRESS	6800 NW 169th STREET	<del></del>	
CITY	MIAMI	STATE FLORIDA	ZIP 33015
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			_
ADDRESS			
CITY		STATE	ZIP
NAME ADDRESS	JAMES F. SILVA, JR.		
NAME	JAMES F. SILVA, JR.		
CITY	6800 NW 169th STREET	CTATE TO ONE	7/0 00015
NAME	MIAMI	STATE FLORIDA	ZIP 33015
ADDRESS		STATE	710
		STATE	ZIP
NAME	4		
ADDRESS			
CITY		STATE	ZIP
	d incorporator(s) have executed these	. "	nis <i>Q67H</i>
lay of	TILY	, 19 <u>97</u> .	
		/	/
			(Signature

(Signature)

\_ (Signature)

## CERTIFICATE OF DESIGNATION REGISTERED AGENTY REGISTERED OFFICE

97 AUG -1 PH 1: 49
SECRETABLOS STATE

(name of corporation)								
	ANDY	SILVA'S	BLACK	BELT	ACADEMY, INC.		ω	
							Τ.	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

F 26-97
(Signature) (Date)