Division of Corporations

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : MEDGUARD SERVICES INC.

Account Number : I19990000019
Phone : (305)389-2049
Fax Number : (305)220-7776

SECRETARY OF STATE DIVISION OF CORPORATIONS

99 AHG 25 AM 9: 30

FLORIDA PROFIT CORPORATION OR P.A.

American Kenpo Karate Inc.

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Certificate of Status	 0
Certified Copy	1
Page Count	01
Estimated Charge	 \$78.75

B. McKnight AUG 2 6 1999

ARTICLES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

American Kenpo Karate Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3493 E 4th Avenue Hialeah, F1 33010

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

The number share which this corporation shall have the authority to issue is 100 shares of common stock No par Value. Each share shall have equal rights with each other share with respect to dividends voting in liquidation.

ARTICLE IV " INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Eduardo Godoy 6887 W 4th Avenue

Hialeah, F1 33014

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Eduardo Godoy-President

6887 W 4th Avenue Hialeah, Fl 33014

Peter Davila- Vice President

15311 NW 4th Street

Pembroke Pines, F1 33029

Signature/Incorporator

5-25-99

Date

(An additional article must be added if an effective date is requested.)

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 abligations of my position as registered agent.

Signature/Registered Agent

Medguard Services 9274 SW 40 St

Miami, Fl 33165

8-25-99

Date

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