

P99000077256

**Peter Makris**  
2110 Drew Street  
Clearwater, FL 33765

8/24/99

600002970056--5  
-08/26/99-01028-005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

**Gentlemen:**

*I am enclosing the Articles of Incorporation and the Certificate Designating Registered Agent / Registered Office. Also enclosed are the applicable fees for the Department of State. Please file the Articles of Incorporation as soon as possible and return the articles back to the address below:*

**Peter Makris**  
2110 Drew Street  
Clearwater, FL 33765

*If there are any questions, or you are having problems filing the Articles, please call me at (727) 446-0000.*

**Very truly Yours,**



**Peter Makris**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TS 8/30/99

ARTICLES OF INCORPORATION  
OF  
ACADEMY OF MARTIAL ARTS FAMILY CENTER, INC.

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

ARTICLE I. NAME

*The name of the corporation shall be:*

**ACADEMY OF MARTIAL ARTS FAMILY CENTER, INC.**

*The principal place of business of this corporation shall be:*

**176 5<sup>TH</sup> AVENUE NORTH, SAFETY HARBOR, FL 34695.**

*The mailing address of this corporation shall be: 176 5<sup>TH</sup> AVENUE NORTH, SAFETY HARBOR, FL 34695.*

ARTICLE II. NATURE OF BUSINESS

*This corporation may engage in or transact any or all-lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.*

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**ARTICLE III. CAPITAL STOCK**

***The maximum number of shares of that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock has \$1.00 per value per share.***

**ARTICLE IV. TERM OF EXISTENCE**

***The corporation is to exist perpetually.***

**ARTICLE V. OFFICERS DIRECTORS**

***This corporation is to have one director and one officer, initially. The name and street address of the initial director and officer who shall hold office for the first year of the corporation's existence, or until his successor is elected or appointed is:***

*Joseph G. Schneeweiss  
President*

*176 5<sup>th</sup> Avenue North  
Safety Harbor, FL 34695*

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TALLAHASSEE, FLORIDA

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**ARTICLE VI. INCORPORATOR**

***The name and street address of the incorporator to the Articles of Incorporation is:***

*Joseph G. Schneeweiss*

*176 5<sup>th</sup> Avenue North  
Safety Harbor, FL 34695*

**IN WITNESS WHEREOF, the under signed incorporator has executed these  
Articles of Incorporation this 24<sup>th</sup> day of AUGUST, 1999.**

**Signature of Incorporator**



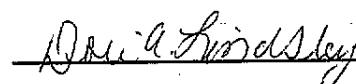
*Joseph Schneeweiss*  
Incorporator

**STATE OF FLORIDA  
COUNTY OF PINELLAS**

**THE FOREGOING instrument was acknowledge and sworn to before me  
this 24<sup>th</sup> day of AUGUST, 1999, by JOSEPH G.  
SCHNEWEISS of ACADEMY OF MARTIAL ARTS FAMILY CENTER, INC.**

FL DRIVERS LICENSE  
S520-487-62-466-0

**Notary Public**



*Dori A. Lindsley*



Dori A. Lindsley  
Commission # CG 821541  
Expires Apr. 15, 2003  
Bonded Thru  
Atlantic Bonding Co., Inc.

**CERTIFICATE DESIGNATING**  
**REGISTERED AGENT / REGISTERED OFFICE**

*Pursuant to the provision of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office / registered agent, in the State of Florida .*

1. *The name of the corporation is:*

**ACADEMY OF MARTIAL ARTS FAMILY CENTER, INC.**

2. *The name and address of the registered agent and office is:*

**Name: JOSEPH G. SCHNEEWEISS**

**Address: 176 5<sup>TH</sup> AVENUE NORTH**

**City: SAFETY HARBOR STATE: FLORIDA**

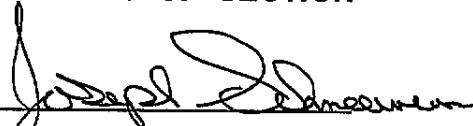
**ZIP-CODE: 34695**

**SIGNATURE:** 

**TITLE: PRESIDENT**

**DATE: 8/24/99**

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.**

**SIGNATURE:** 

**DATE: 8/24/99**

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TALLAHASSEE, FLORIDA  
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