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(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	⊋ #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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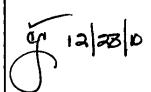




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COVER LETTER

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

SUBJECT: DUGOUT COLLECTIBLES, 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 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: MORRIS ENGELBERG, ESQUIRE Name (Printed or typed) **4040 SHERIDAN STREET** Address HOLLYWOOD, FLORIDA 33021 City, State & Zip 954-966-3900 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

gleniedugout@gmail.com
E-mail address: (to be used for future annual report notification)

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE F The name of the cor	NAME DUGOUT COLL	ECTIBLES, INC.	SECRETARY OF CHARLES
The name of the cor	poration shall be:		2010 DEC 27 PM 2: 17
40	PRINCIPAL OFFICE Principal street address 040 Sheridan Street ollywood, Florida 33021		address, if different is:
ARTICLE III I The purpose for wh Any lawful bus	ich the corporation is organized is:		
ARTICLE IV The number of share	es of stock is: 7,500 shares of con	mmon stock, \$1.00 par v	alue
	INITIAL OFFICERS AND/OR DIRECT INITIAL OFFICERS AND ORDER OFFICERS AND	., Dir. Name and Title:Address:	
Name and Tit Address:	le:	Address:	
Name and Tit Address:	le:	Name and Title: Address:	
ARTICLE VI	REGISTERED AGENT		
	ida street address (P.O. Box NOT accepta Morris Engelberg, Esquire 4040 Sheridan Street Hollywood, Florida 33021		
ARTICLE VII	INCORPORATOR		•
	ress of the Incorporator is: Glenie Marie Byrd 4040 Sheridan Street Hollywood, Florida 33021		
Having been name this certificate, I am	d as registered agent to accept service of a familiar with and accept the appointment	process for the above stated cor as registered agent and agree to	poration at the place designated in act in this capacity
	U Wall		/2-23-20/0 Date
• 1	Required Signature/Registered Age		2
I submit this docur document to the De	ment and affirm that the facts stated here partment of State constitutes a third degree	ein are true. I am aware that th e felony as provided for in s.817.	e false information submitted in a 155, F.S.
	Senie Marie Brid	_	/2-23-20/0 Date
	Required Signature/Ocorporator		Dațe