

\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION(S) NAME

Lew Wolfe	Tennis Ac	ademy, Inc.	
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		OC MAY DIVISIONAL TALLAHI	pire
) Profit		SSECOND TO THE SECOND TO THE S	Toll F
( ) Foreign	( ) Amendment ( ) Dissolution	( ) Merger REPORATION OF STATE	ree: 1-
( ) Limited Partnership ( ) Reinstatement	) Annual Report ) Reservation	( ) Other ( ) Change of Registered Agent	800-43
( ) Call When Ready ( ) Will Wait	) Photo Copies  ) Call If Problem  Pick Up	( ) Certificate Under Seal  ( ) After 4:30	<b>©</b> Toll Free: 1-800-432-3028
Name Availability Document Examinar  Updater  Verifier  Acknowladyment	Pick Up	( ) Mail Out ASSOCIATION OF THE STATE OF THE	-

CR2E031 (R8-85)

W.P. Verifier

## ARTICLES OF INCORPORATION

of

Lew Wolfe Tennis Academy Inc.
(name of corporation)

The undersign corporation u	ned subscriber(s) to nder the laws of the	these Articles of In State of Florida.	corporation, r	natural person(s) c	competent to	contract, her	eby form a
The name of Lew	the corporation is:	Tenni's	EI-CORPOR		ñζ.	SECRETARY (	
This corpora	tion shall exist perp		TICLE II - DU		·	FLORIDA	- <b>-</b>
		AR	TICLE III - P	URPOSE			
The corpora United State	tion is organized for s and the State of F	lorida.			ess permitted	under the la	ws of the
The corpora Dollar(s) (\$	tion is authorized to		CLE IV- CAPI Stock, which	aharas (EDA)	) of <u>Ove</u> ed "Common	Shares".	<del>7 </del>
	A	ARTICLE V - INITI	AL REGISTE	RED OFFICE AN	D AGENT		
The street a	ddress of the Initial	Registered Agent of	office and the	name of the Initial	l Registered	Agent at that	office is:
NAME	Lew V	blfe NW	g-th	Street			-
ADDRESS CITY	embroke	Pines		FLORIDA			ZIP 33026
The princip	oal office, if known,	or the mailing add	ress of the cor	poration is:			-
NAME	Lew W	olfe T	ennis	Acader	vy, I	rc.	
1	10551	NW 84 Nes	^ Stre	FLORIDA			ZIP 33026
CITY TE	mbroke t	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall having reased or diminished fr	e One (	) directors initially. The nu Laws, but shall never be less than o	mber of directors may be either
of the initial director(s) of	the corporation are as follo	Laws, but shall never be less than o	ne (1). The names and addresses
NAME Lew U	Vo/Ae		
ADDRESS / 055 /	NW 8th	Street	
CITY POMB CORE	Aines	STATE FL	7₽ <b>33</b> 022 ∠
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP
ADDRESS 1055/	NW 8th	Street.	
CITY <b>FEM DOK</b> O NAME	, rines	STATE FL	ZIP 33076
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP
N WITNESS WHEREOF, ay of	the undersigned subscriber	(s) have executed these Articles of l	Incorporation this 15th
7	2000	1 -	0.0.
		Sems E.a.	Seal)
			1/
			(Seal)

\_\_\_(Seal)

## CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

Low Wolfe Tennis Academy, Inc.

this state.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following	; is submitted:
The above corporation, desiring to organize under the laws of the State of	f Florid柔如h 8
its registered office as indicated in the Articles of Incorporation	MAY I: CRETAI LAHAS
at Lew Wolfe	7 AN
10551 NW 8th Street	STA
	, 5 5

## **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)

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