

No 3000001121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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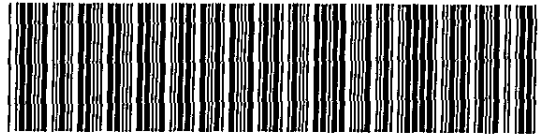
(Business Entity Name)

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12/31/03

TRANSMITTAL LETTER

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

SUBJECT: National Professional Athletes Association, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Samuel E. McDowell
Name (Printed or typed)
151 E. Minnehaha Ave.
Address
Clermont, FL 34711
City, State & Zip
352-243-0343
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

National Professional Athletes Association, Inc.

ARTICLE II PRINCIPAL OFFICE

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

151 E. Minnehaha Ave., Clermont, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To pull together all professional athletes for common purposes: Education, Training, Fundraising, benefits, marketing, advertising.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Initially, they will be appointed.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

**Sam McDowell - 151 E. Minnehaha Ave.
President Clermont, FL 34711**

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

**Samuel E. McDowell 151 E. Minnehaha Ave.
Clermont, FL 34711**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Samuel E. McDowell 151 E. Minnehaha Ave.
Clermont, FL 34711**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Date

Signature/Incorporator

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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