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Florida Department of State

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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION

blazers soccer academy, inc.

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ARTICLES OF INCORPORATION

OF

Blazers Soccer Academy, Inc.

The undersigned incorporator(s), for the purpose of forming a Notice for Profit Corporation under Chapter 617 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be: Blazers Soccer Academy, Inc.

ARTICLE II

The principal place of business and the mailing address of this corporation shall be: 4741 NW 8th Drive, Plantation, FI 33317

ARTICLE III

The specific purpose for which the corporation is organized: To introduce the fundamentals of soccer to children, while promoting academic achievement.

ARTICLE IV

The manner in which the directors are elected or appointed shall be stated in the bylaws.

ARTICLE V

The name and street address of the initial registered agent shall be: Winston Brown, 4741 NW 8th Drive, Plantation, FI 33317

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ARTICLE VI

The name and address of the Officer(s) shall be: PRESIDENT

Winston Brown

4741 NW 8th Drive Plantation, FI 33317

ARTICLE VII

The name and street address of the incorporator of these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 N.W. 7TH PLACE MIAMI, FL 33127

The undersigned incorporator has executed these Articles of Incorporation this 14th Day of February , 2006.

indorporator

Ray Stormont Signing for Empire Corporate Kit of America, Inc.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Blazers Soccer Academy, Inc.
(Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT WINSTON BROWN

SECRETARY OF STATE

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