

P00000079880

TRANSMITTAL LETTER

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

900003361739--1  
-08/18/00--01031--007  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Gameday Authentic, 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 of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Joseph Franklin  
Name (Printed or typed)

6448 NW 5th Way Suite 202  
Address

Ft. Lauderdale FL 33309  
City, State & Zip

954-771-1838  
Daytime Telephone number

FILED  
00 AUG 18 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

8-23  
MC

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

Grameday Authentic, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6448 NW 5th Way Suite 202, Ft Lauderdale 33309

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Memorabilia Sales

## ARTICLE IV SHARES

The number of shares of stock is:

Authorized 30,000,000 Shares

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

## ARTICLE VI REGISTERED AGENT

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

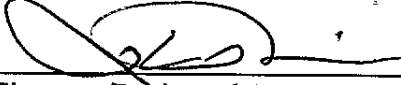
Joseph Franklin  
6448 NW 5th Way Suite 202  
Ft Lauderdale FL 33309

## ARTICLE VII INCORPORATOR

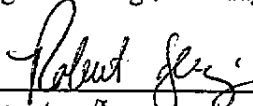
The name and address of the Incorporator is:

Robert Deignan  
6448 NW 5th Way Suite 202  
Ft. Lauderdale FL 33309

\*\*\*\*\*  
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

8/16/00  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

8/16/00  
\_\_\_\_\_  
Date

FILED  
00 AUG 18 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA