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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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400003481564—3 -11/30/00--01073--005 *****78.75 *****78.75

SUBJECT:	Titan Kickl	ooking Associa	Hion, Inc.
Enclosed is an original a	(Proposed corporate and one(1) copy of the articles	s of incorporation and a	, . <u>.</u>
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	Filing Fee Certified Copy 78.75 ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate PY REQUIRED
FROM:	Titan Kickboxing Association, Inc. Name (Printed or typed)		
_		licket Trace	
	Lake Woo	State & Zip	t C 7
	(50) 740		
	Davtime Te	lephone number	

ARTICLES OF INCORPORATION FILED
The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE I NAME The same of the corporation shall be:
ARTICLE I NAME
The name of the corporation shall be:
Titan Lickboxing Association, Inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
6987 Thicket Trace
Lake worth, FL 33467
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 Shaves.
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Robert Nitholo 6987 Thicket Trace Lake Worth, Fl. 33467
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
Robort Wittole 6987 Thicket trace Lakeworth, FL, 33467

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of	process for the above stated corporation at the place designated in this
certificate, 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	performance of my daties, and I am jamiliar with and accept the
obligations of my position as registered agent	4.1

Date

It/27/00
Signature Registered Agent
Da