CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 03782 Golf and Sport Art of Inc. File_ LTD Partnership File___ Foreign Corp. File_____ L.C. File____ Fictitious Name File___ Trade/Service Mark Merger File_ Art. of Amend. File____

| | RA Resignation |
|--|--|
| | Dissolution / Withdrawal |
| | Annual Report / Reinstatement |
| | Cert. CopyPhoto Copy |
| | Photo Copy Photo P |
| | Certificate of Good Standing |
| | Certificate of Good Standing Δ Certificate of Status Ξ |
| | Certificate of Fictitious Name Corp Record Search |
| | Corp Record Search |
| | Officer Search |
| | Fictitious Search |
| ignature | Fictitious Owner Search |
| | Vehicle Search |
| | Driving Record |
| equested by: | UCC 1 or 3 File |
| 413 | UCC 11 Search |
| ame Date Time | UCC 11 Retrieval J. BRYAN APR 1-3 2001 |
| Valk-In Will Pick Up | Courier |
| Ponder's Printing • Thomasville, GA 8/00 | |

ARTICLES OF INCORPORATION

<u>OF</u>

ATTO THE STATE OF GOLF AND SPORTSWEAR LIQUIDATORS, INC.

<u>ARTICLE I - NAME OF CORPORATION</u>

The name of the corporation is GOLF AND SPORTSWEAR LIQUIDATORS, INC.

ARTICLE II - DURATION OF EXISTENCE

The period of its duration is perpetual.

ARTICLE III - COMMENCEMENT OF CORPORATE EXISTENCE

The commencement of corporate existence shall be at 9:00 a.m. on April 11, 2001.

ARTICLE IV - GENERAL PURPOSES

The purpose of the corporation is to engage in any activity or lawful business permitted for corporations under both the laws of the United States of America and the State of Florida.

<u>ARTICLE V - CAPITAL STOCK</u>

The corporation shall have authority to issue one hundred shares, all of the one class, with a par value of One dollar (\$1.00) per share. The corporation shall not issue preferred shares of more than one class. There are no pre-emptive rights to be granted to shareholders.

ARTICLE VI - REGISTERED OFFICE AND AGENT

The address of the initial registered office is Suite 365 Phillips Place, 7575 Dr. Phillips Boulevard, Orlando, Florida 32819; and the name of the initial registered agent at said office is Robert J. Wheelock, Esquire

ARTICLE VII - BOARD OF DIRECTORS

The number of directors constituting the initial Board of Directors of the corporation is one, whose name and address is:

Santina Noela Zaza, President 5881 W. Irlo Bronson Memorial Highway Kissimmee, Florida 34746

ARTICLE VIII - PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office and mailing address for GOLF AND SPORTSWEAR

LIQUIDATORS, INC. is:

5881 W. Irlo Bronson Memorial Highway Kissimmee, Florida 34746

| DATED: <u>April 11, 2001</u> | SANTINA NOELA ZAZA President 5881 W. Irlo Bronson Memorial Highway Kissimmee, Florida 34746 INCORPORATOR |
|------------------------------|--|
| STATE OF FLORIDA) | |
| COUNTY OF ORANGE) | |
| BEFORE ME, the undersigned a | authority duly authorized to administer oaths, personal |

as identification, and who after first being duly sworn, deposes and says that subscribed the above Articles of Incorporation, and that subscribed the same for the uses and purposes therein mentioned and set forth.

CLIFFORD SMITH
Notary Public, State of Florida
My comm. Expires JUNE 7, 2002
No. C C 7 4 8 8 4 9

Bonded thru Marvin Foster Associates

NOTARY PUBLIC

Printed Name:

My Commission Expires:

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST: THAT GOLF AND SPORTSWEAR LIQUIDATORS, INC., DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA HAS NAMED ROBERT J. WHEELOCK, ESQUIRE LOCATED AT SUITE 365, 7512 DR. PHILLIPS BOULEVARD, ORLANDO, FLORIDA 32819, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE:

TITLE:

PRESIDENT

DATE:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE:

DATE:

OI APR 13 PM 2:3
SECRETARY OF STA