Poacool3819

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

	Stell Box	ing Mangarant,	i Tre.	
(PRC	OPOSED CORPOR	ATENAME - MUSTINCE	UDE SUFFIX)	
Enclosed are an original and one	e (1) copy of the ar	ticles of incorporation an	70000485: -02/01/02- d a check ##***87.50	4357——6 -01083009) *****87.50
☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certific		S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: SPY	L GMBLOZ	Printed or typed)		
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$-\omega$	MYAMI FT 3312 S City, State & Zip		- SS	2002 FEB - I
	30S SVQ-778S Daytime Telephone number			9 1 1

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

(C) 2/1/02

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:

TOP SHELF BOXING MANAGEMENT, INC.

2002 FEB - 1 AM 9:55

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

555 N.E. 15th Street, Unit 33J, Miami, FL 33132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all legal activuties provided under Florida Law.

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

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

BENNY COLLINS, whose address is 555 N.E. 15th Street, Miami, FL 33132 (Unit 33J)

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

BENNY COLLINS, whose address is 555 N.E. 15th Street, Unit 33-J, Miami, FL

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

1-30-02

Signature/Registered Agent

Date

Signature/Incorporator Date