## P03000002145

00789-00524-02827-00676-00671 \* form+fers
(Requestor's Name)

800009434098

12/18/02--01077--001 \*\*87.50

EFFECTIVE DATE

FILED AN 9: 02
SECTABLES EL FLORIGA
TALLAHASSEE, FLORIGA

(Requestor's Name)				
(Address)				
(Address)				
( total see,				
(City/State/Zip/Phone	#)			
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates	Certificates of Status			
Special Instructions to Filing Officer:				
W02-35443				

Office Use Only

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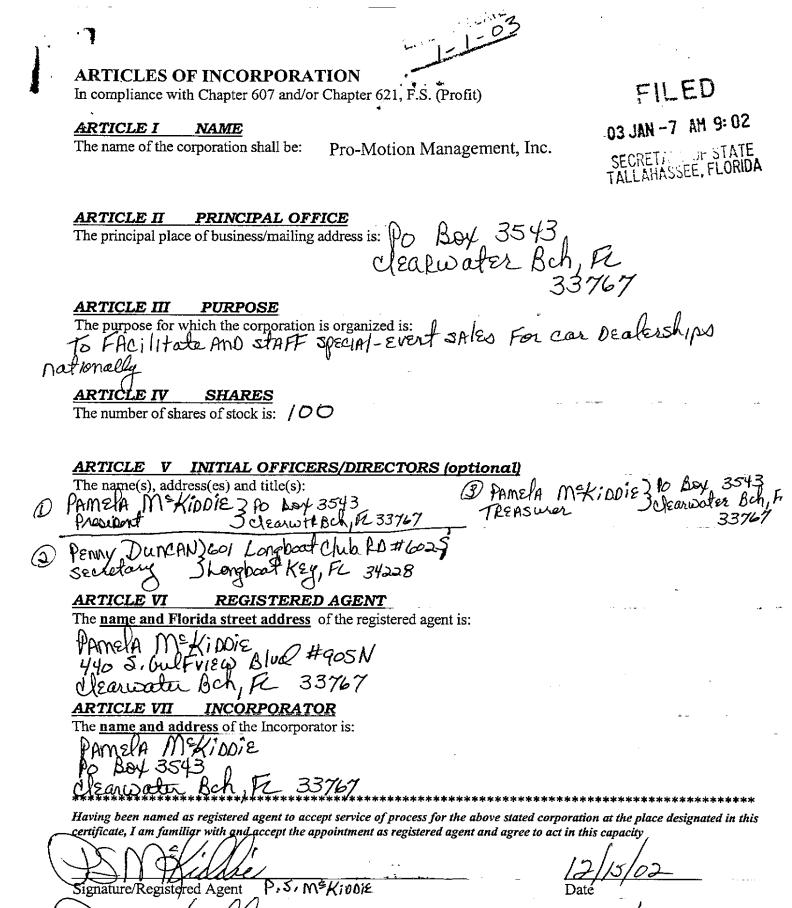
## TRANSMITTAL LETTER

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

SUBJECT:	Pro-Motion Management,			
,	· (PKOPOŠEĎ CORPORATE	NAME – MUST INCLUDE	SUFFIX)	
Enclosed is an origin	al and one(1) copy of the articl	es 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 CO	PY REQUIRED	
	PAME A Name (P	ROM: Section E rinted or typed)	1-1-03	
	Po Box 35	43 Address	<del></del>	
Clearwater Beach, Fr. 33767				
Pamela McKidde	(727)461 Daytime T	1899 elephone number		
AUTHORIZATION BY PHONE TO CORRECT Art I VIII DATE 1- 2-03 DOC. EXAM BR				

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

12/26/02 To: Michelle Harges



orporator

Pro-Motion Management, Inc.

Aptiel 2 TITT

EFFective DATE of incorporation shall be

1-1-03.