

P03000086044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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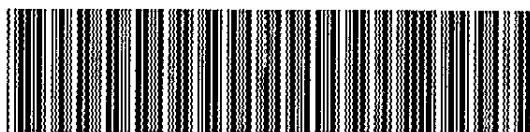
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

**DEPARTMENT OF STATE
DEVISION OF CORPORATIONS
P.O.BOX 6327
TALLAHASSEE, FL. 32314**

SUBJECT: L B. SPORT INC.

INCLOSED A COPY OF ARTICES OF INCORPORATION AND A CHECK FOR:

FILING FEE & CERTIFICATE OF STATUS \$78.50

3015 NW 79 STREET MIAMI , FLORIDA 33147

DAITIME TELEPHONE : 954-600-6777

ARTICLE I

THE NAME OF THE CORPORATION IS :

L.B. SPORT INC.

ARTICLE II

THE STREET ADDRESS OF THE CORPORATION IS:

3015 NW 79 STREET MIAMI, FLORIDA 33147

THE MAILING ADDRESS OF THE CORPORATION IS:

3015 NW 79 STREET MIAMI, FLORIDA 33147

ARTICLE III

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUT STANDING AT ANY ONE TIME IS : 100

ARTICLE VI

THE NAME AND FLORIDA STREET ADDRESS OF THE INCORPORATOR IS:

**ITZHAK BENSON
3015 NW 79 STREET MIAMI, FLORIDA 33147**

ARTICLE V

THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

**ITZHAK BENSON
3015 NW 79 STREET MIAMI, FLORIDA 33147**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE STATED COMPANY AT THE PLACE DESIGNATED IN THE CERTIFICATE. I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THIS PROVISIONS OF ALL STATUES 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.

REGISTERED AGENT SIGNATURE : ITZHAK BENSON

SIGNATURE OF INCORPORATOR: ITZHAK BENSON

FILED
03 AUG -14 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA