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TRANSMITTAL LETTER

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

CT: Pro E	Baseball Services, Inc.	· · · · · · · · · · · · · · · · · · ·		
	(PROPOSED CORPORA	ATE NAME – MUST INCL	<u>UDE SUFFIX</u>)	
are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
3 \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy	
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ROM: CI	harles T. Foss			
	Nam	e (Printed or typed)	<u> </u>	
	5936 Coveview Dr. West			
-		Address		
	Lakeland, FL 33813			
-	City	y, State & Zip	3	• *
	863-647-1618			
-	Daytime	Telephone number		

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

	•	521, F.S. (Profit)		
	PRINCIPAL OFFICE of business/mailing address is: West Lakeland, FL 3	33813		
Any and all lawful b		ed is:	* NEW ING C	OB NOV 20
The number of share 1000 ARTICLE V	SHARES res of stock is: INITIAL OFFICERS AND	OR DIRECTORS	-t, ri.emioa	OF STATE
	ess(es) and specific title(s):	ON DIMPOTOND		- 44
Charles T. Foss Lisa Foss	5936 Coveview Dr. West 5936 Coveview Dr. West	Lakeland, FL 33813 Lakeland, FL 33813		
ARTICLE VI The name and Flo	REGISTERED AGENT rida street address of the regis	- '		
Charles T. Foss	5936 Coveview Dr. West	Lakeland, FL 33813		
ARTICLE VII The name and add	INCORPORATOR Iress of the Incorporator is:	e e e e e e e e e e e e e e e e e e e		
Charles T. Foss	5936 Coveview Dr. West	Lakeland, FL 33813		