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SECRETARY OF STATE

COVER LETTER

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

SUBJECT:	MASCH PLAY PAR	TNENS I.	nc.
•	(PROPOSED CORPORA	TE NAME – MUST INCLU	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	JiMoTHY Name	Concron (Printed or typed) Tana Dr Address	
	954-59	72 333. State & Zip 99-0072 elephone number	26

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Pro	ofit)
ARTICLE I NAME	
The name of the corporation shall be: MATCH PLAY	PANTMENS TRANSPER FLORIDA APPHOVEL APPHOVEL PHIZ: 51 Langana Dr. 133326 DE
ARTICLE II PRINCIPAL OFFICE	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1401 We sto	on 72 33326 ST 23
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	reunes MANKETING
ARTICLE IV SHARES The number of shares of stock is: /00	
ARTICLE V INITIAL OFFICERS AND/OR DIRECT List name(s), address(es) and specific title(s): Timorhy R CAMLSON 1401 Langana Ian R. CAMLSON 1135 GINGER CR. Wesson	Da 1205500 FL 33326 Press
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptate)	
Timothy R Concron 1401 Lans	and Dr liston Je 33326
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Timorhy R. (Anuson 1401 Lan)	gana De Weson 72 33326
**************************************	**************************************
	6/18/07
Signature/Registered Agent	Date

Signature/Incorporator