P07000113391

| (Re | equestor's Name) | | | |
|-------------------------|--------------------|-------------|--|--|
| (Ac | idress) | | | |
| (Ac | ldress) | | | |
| (Ci | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Do | ocument Number) | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
| | | | | |
| | | | | |
| | | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: | PRIMO SPORTS | - | | |
|---|--|-------------------------------------|---|--|
| (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>) | | | | |
| | EFFECTI | VE DATE: Oct. | 12,2007 | |
| | | | | |
| 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 | \$87.50 Filing Fee, Certified Copy & Certificate of | |
| | | ADDITIONAL CO | Status PY REQUIRED | |
| FROM: | DOUGLAS L. W | ILLIAMS, JR. (Printed or typed) | | |
| 3RD DENTAL BATTALION | | | | |
| Address | | | | |
| FP APO 96604-8450 City, State & Zip | | | | |
| 011 - 81 -611-745-7381 | | | | |
| | E-mail Dos | uglas. Williams & | OMED. NAVY. MIL | |

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

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | FILED |
|--|--|
| ARTICLE I NAME | 2007 OCT 15 AM 9: 32 |
| The name of the corporation shall be: | |
| PRIMO SPORTS PROMOTIONS, INC | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| ARTICLE II PRINCIPAL OFFICE | ~ |
| | .Afersonst |
| FP APO 96604-8450 Lamont, FL | , Jane |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: PRIMO SPORTS WILL SERVE Educational / nutriational speaking of | organization |
| ARTICLE IV SHARES | |
| The number of shares of stock is: | |
| 1,000 AUTHORIZED SHARES | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | |
| List name(s), address(es) and specific title(s): DOUGLAS L. WILLIAMS, JR. (OWNER/CED) | |
| per the second of the second o | WE TO THE YOUR SHAPE |
| | |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box NOT acceptable) of the regis | tered agent is: |
| With 6540 S. JEFFERSON ST | |
| las LiNILLIAMS, Jr. LAMONT, FL 32336 | |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | 1.056. |
| The name and address of the Incorporator is: 3rd DENTAL BATTALION | |
| AP FPO 96604-8450 Douglas | L. WILLIAMS, Jr. |
| ************ | ******* |
| Having been named as registered agent to accept service of process for the above stated concertificate, I am familiar with and accept the appointment as registered agent and agree to ac | |
| V///// | 10/8/1 |
| Signature/Registered Agent | Date |
| | 10/-0 |
| | /~/8/ /D 'I |
| Signature/Incorporator | 70/8/01 Date |