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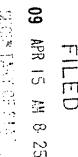
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COVER LETTER

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

SUBJECT: Foster \	olleyball Clinics, Inc. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Ma	irk Foster		
	Name	(Printed or typed) Address	
	Largo, Florida 33771 City	, State & Zip	
	727-418-8874 (Business Cell) Daytime	Telephone number	

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Foster Volleyball Clinics, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

14001 Christie Drive Largo, Florida 33771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- a. To conduct volleyball camps (indoor/outdoor) for volleyball clubs, high school teams, etc.
- b. To host volleyball tournaments (indoor/outdoor) during the club and high school seasons, etc.

ARTICLE IV SHARES

The number of shares of stock is:

One Thousand (1,000) shares of common stock at \$.01 par value per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Mark Foster (President) Kii

Kimberly Foster (Vice President, Secretary/Treasurer)

14001 Christie Drive

14001 Christie Drive

Largo, Florida 33771

Largo, Florida 33771

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

Mark Foster, 14001 Christie Drive, Largo, Florida, 33771.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mark Foster

14001 Christie Drive

Largo, Florida 33771

^{*}Tenants by the Entirety