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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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4-2-10

COVER LETTER

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

SUBJECT: Best Ca	rd Source inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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 OPY REQUIRED
EDOM Ma	tthew t evine		
FROM: Ma	Nam	e (Printed or typed)	
145	i0 Camellia Circle		
<u></u>		Address	
We	ston, Florida 33326		
	City	, State & Zip	
955	4-655-5455		
-	Daytime 1	Telephone number	
Bes	: CardSource@cs.com		
	E-mail address: (to be use	ed for future annual report	notification)

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:

Best Card Source, Inc.

<u>ARTICLE II PRINCIPAL OFFICE</u>

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

1450 Camellia Circle Weston, Florida 33326

ARTICLE	Ш	PURPOS	šE

The purpose for which the corporation is organized is:

In order to be in compliance with State regulations of to form
a corporation for the business in order to sell sports cards and
related memorabilizaetc...

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President Matthew Levine 1450 Camellia Circle Weston, Florida 33326

ARTICLE VI REGISTERED AGENT

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

Matthew Levine 1450 Camellia Circle Weston, Florida 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Matthew Levine 1450 Camellia Circle Weston, Florida 33326



Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

	3-30-2010
Signature/Registered Agent	Date
	3-30-10
Signature/Incorporator	Date