

P10000060926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

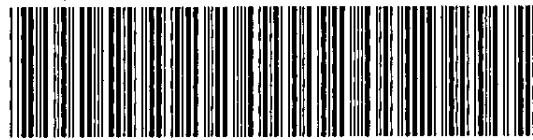
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10 JUL 28 AM 10:07

FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 28 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



July 26, 2010

Department of Corporations
State of Florida

Dear Sir or Madam:

This letter is to certify that, as owner of eLayaway Sports, LLC (Document # L08000112604), which was voluntary dissolved on July 21, 2010, we do not desire or have any intention in revoking the dissolution as filed.

Furthermore, we hereby desire to incorporate eLayawaySPORTS, Inc. using the same name.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sergio Pinon'.

Sergio Pinon
Director

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10 JUL 28 2010 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

eLayaway, Inc.
ELAY.OB
1625 Summit Lake Dr., Suite 205 * Tallahassee, FL 32317
T 850-219-8210 F 850-877-7388

COVER LETTER

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

SUBJECT: ELAYAWAYSPORTS, INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: SERGIO PINON
Name (Printed or typed)

1625 SUMMIT LAKE DRIVE, SUITE 205
Address

TALLAHASSEE, FL 32317
City, State & Zip

850-219-8210
Daytime Telephone number

BRUCE.HARMON@ELAYAWAY.COM
E-mail address: (to be used 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:

ELAYAWAYSPOTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1625 SUMMIT LAKE DRIVE, SUITE 205

TALLAHASSEE, FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL BUSINESS OR SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

100,000

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DOUGLAS SALIE, CEO, D BRUCE HARMON, CFO, D SERGIO PINON, CMO, D
1625 SUMMIT LAKE 1625 SUMMIT LAKE 1625 SUMMIT LAKE
DRIVE, SUITE 205 DRIVE, SUITE 205, DRIVE, SUITE 205
TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317

ARTICLE VI REGISTERED AGENT

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

SERGIO PINON

1625 SUMMIT LAKE DRIVE, SUITE 205

TALLAHASSEE, FL 32317

ARTICLE VII INCORPORATOR

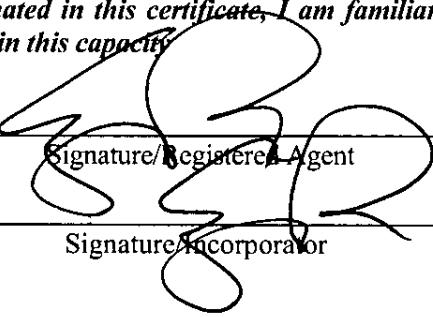
The name and address of the Incorporator is:

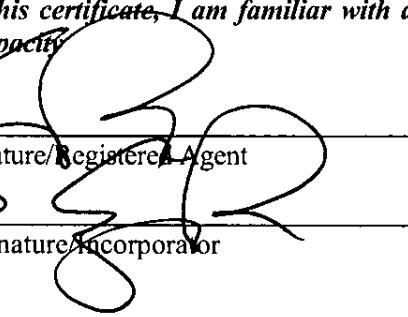
SERGIO PINON

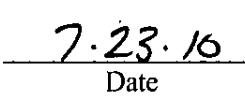
1625 SUMMIT LAKE DRIVE, SUITE 205

TALLAHASSEE, FL 32317

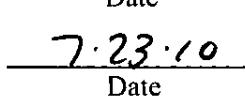
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Signature/Registered Agent


Signature/Incorporator


7.23.10

Date


7.23.10

Date