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. (Red	questor's Name)	
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SECRETARY OF STATE

P# 2: 36

COVER LETTER

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

SUBJECT: Sarasota Fight Club In (PROPOSED CORPORA	C TE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the art \$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROм: Sarasota Fight Club	e (Printed or typed)	SECRE	<u></u>	
2211 Fruitville Road	Address	HASSEE, I	AUG 12	FILED
Sarasota, Florida 3423 City,	7 State & Zip	WOLKOTA '	PM 2: 36	
941-953-2211 Daytime T	elephone number	_		
sarasotafightclub@live.c	com / d for future annual report	notification)		

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



RECEIVED

11 JUL -8 AM 11: 12

FLORIDA DEPARTMENT OF STATE VISION OF CORPORATIONS

June 22, 2011

SARASOTA FIGHT CLUB 2211 FRUITVILLE ROAD SARASOTA, FL 34237

SUBJECT: SARASOTA FIGHT CLUB INC

Ref. Number: W11000033539

We have received your document for SARASOTA FIGHT CLUB INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

You have submitted a dissolution for the non profit corporation. However, we will still need a notarized affidavit stating you have no intentions of revoking the dissolution before we can release the name for this filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Regulatory Specialist II Supervisor

Letter Number: 711A00015104

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Corporate Records

P.O Box 6327

Tallahassee, Florida 32314

July 5 2011

To whom it might concern

I Alan L Sleit have no intention of revoking the dissolutions as a nonprofit organization for the Sarasota Fight club.

A.Sleit

SARASOTA FIGHT CLUB INC

2211 Fruitville Road Bld 5

Sarasota, Florida 34237

NOTARY FORM

STATE OF FL

COUNTY OF SARASOTA

a Notary Public, do hereby certify that on this 5 day of personally appeared before me A. 3 Let , known to me to be the person whose name is subscribed to the foregoing instrument and swore and acknowledged to me that he executed the same for the purpose and in the capacity therein expressed, and that the statements contained therein are true and correct

Notary Public, State of 74

Name, Typed or Printed: ANTON R. METZGER

My Commission Expires: Dec 27, 2012

August 3, 2011

Florida Department of State

Attention Diane

I have no intention to revoke the dissolution of a nonprofit and that the Sarasota Fight Club should have been for profit. Document # W11000033539

Alan Sleit

x ///

DATE 8-3-2011.

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

10/PI/CI TO 77	DDINGTDAT APPEAR		
RTICLE II	PRINCIPAL OFFICE	Mailing ad	dans if different in
	Principal <u>street</u> address 2211 Fruitville Road	P.O. Box 1666	dress, if different is:
	Sarasota, FL 34237		30-1666
	Salasula, FL 54237	<u> </u>	30-1000
RTICLE III	PURPOSE		
	which the corporation is organized is:		
Sports and re	ecreational Facility		
RTICLE IV			
he number of sha	res of stock is:100000		7. SE ==
	INITIAL OFFICERS AND/OR DIREC		CR.
	itle:Alan Sleit President		<u> </u>
Address:	P.O Box 1666	Address:	
.Sa	Sarasota, FL 34230-1666		SEE O YY
Name and T	itle:Harvey Vengroff	Name and Title:	E. (3)
Address:	2211 Fruitville Road	Address:	22 P
11-41-6001	Sarasota, FL 34237		<u>5</u> π ω

	itle:	Name and Title:	
Address:		Address:	
RTICLE VI	REGISTERED AGENT		
		ole) of the registered agent is:	1
Name:	Alan Sleit		
Address:	POBOX 1686 261	Pronville	Roam
	Sarasota, FL 34230-1686	En along	1 74177
natat m teet	Alan Sleit POBOX 1686 2211 Sarasota, FL 34230=1686 INCORPORATOR	SHICKS OTT, F	4 01251
	INCORPORATOR	•	
name and add Name:	it ess of the incorporator is.		
Address:	Alan Sleit P.O Box 1666		
71001033.	Sarasota, FL 34230-1666		
mina heen nam	ed as registered agent to accept service of p	recess for the above stated corner.	otion at the place designated
	ru as registered agent to accept service of p in familiar with and accept the appointment o		
	11		
بمرم - معسر	/ / / S		6-15-11
	Provided Signature Designand Asses	<u> </u>	Data
	Required Signature/Registered Agen	i.	Date
submit this docu	ment and affirm that the facts stated herei	n are true. I am aware that the fa	lse information submitted in
	epartment of State gonstitutes a third degree	felony as provided for in s.817.155.	, F.S.
	epartment of State constitutes a third degree	felony as provided for in s.817.155,	_
	epartment of State constitutes a third degree	felony as provided for in s.817.155,	6-15-11 Date