## P12000033771

(Re	questor's Name)				
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(Cit	y/State/Zip/Phone	<del>; #)</del>			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

Office Use Only



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## **COVER LETTER**

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

SUBJECT: Elite Performance Sports, Inc.								
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )								
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:								
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED							
FROM: Thaddeus Maynard Name	(Printed or typed)							
533 One Center Byld	1. #315 Address							
Altamonte Springs, F	L 32701 State & Zip							
860-604-6727  Daytime To	elephone number							
Tad.maynard@hotma	ail.com							

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 No.	NAME Poration shall be: Elite Performa	ance	Spor	ts, In	C.			
ARTICLE II F	ARTICLE II PRINCIPAL OFFICE							
	Principal street address		N	failing addre	ess, if differen	t is:		
<u>533</u>	3 One Center Blvd. #315	_						
Alta	amonte Springs, FL 32701	-						
_								
ADDIOLECTE DE	IDDOSE							
The purpose for whi	ch the corporation is organized is:							
Consul	ting							
ARTICLE IV S The number of shares								
	NITIAL OFFICERS AND/OR DIRECTO	NDC .						
	:Thaddeus Maynard		and Title					
Address:	533 One Center Blvd. #315	Name	ana mic				<del></del>	
Audiças,	Altamonte Springs, FL 32701		33					
	Allamonte Springs, 1 L 32/01		-	•				
			_					
	e:							
Address:		Addre	ss: _					
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Name and Title	9:	Name	and Title:					
Address:								
			_					
			_					
4555555								
	EGISTERED AGENT	C.1						
	la street address (P.O. Box NOT acceptable)	of the regis	tered agent	1S:				
Name: Address:	Thaddeus Maynard					A	433	
Address.	533 One Center Blvd. #315 Altamonte Springs, FL 32701	_				2	$\leq_{\mathbf{z}}$	
	Aliamonie Springs, FL 32701	_				20	36	
ARTICLE VII II	NCORPORATOR					70		
	ess of the Incorporator is:					on.		
Name:	Thaddeus Maynard					_		
Address:	533 One Center Blvd, #315					∑K.	3.70	
	Altamonte Springs, FL 32701	<u> </u>				фo	SU.	
	<del>-</del>					D.)		
	as registered agent to accept service of proce						rated in	
this certificate, I am f	familiar with and accept the appoi <del>nt</del> ment as re	egistered ag	ent and ag	ree to act in	n this capacity		133	
40					2/1-	1		
-Maddeu	0).				3/15/	<u> </u>		
1	Required Signature/Registered Agent				, ņ	ate		
I ambanda distributa a	and and account to the second second			tarat C:			4.42.	
	ent and affirm that the facts stated herein ar					submit	ted in a	
aocument to the Depa	artment of State constitutes a third degree felo	ny as provi	aea jor in :	s.81/.155, F				
$\mathcal{A}$					2/10	- /1-	)	
- Thadd	lus 1).		<u>_</u>		3/15	110	<u> </u>	
/	-Required Signature/Incorporator				•	Date		