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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

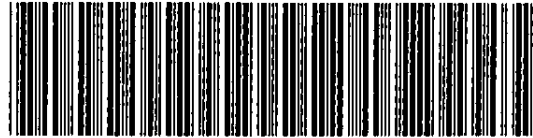
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 NOV 26 AM 11:29

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*g* 11/27/12

## COVER LETTER

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

**SUBJECT: Sports Marketing International, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: **David G. Pape**

Name (Printed or typed)

**231 Maison Court**

Address

**Altamonte Springs, Florida 32714**

City, State & Zip

**407 810-1623**

Daytime Telephone number

**dpape@commercialbusinessfinance.com**

E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS  
12 NOV 26 AM 11:30

**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: **Sports Marketing International, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

231 Maison Court  
Altamonte Springs, Florida 32714

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **all lawful business.**

**ARTICLE IV SHARES**

The number of shares of stock is: **100000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: David G. Pape, President/Director

Address: 231 Maison Court  
Altamonte Springs, Florida 32714

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: David G. Pape

Address: 231 Maison Court  
Altamonte Springs, Florida 32714

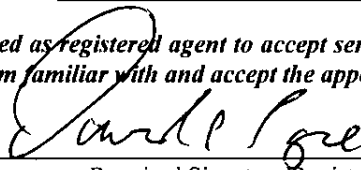
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David G. Pape

Address: 231 Maison Court  
Altamonte Springs, Florida 32714

*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*

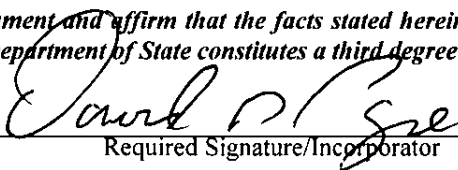


Required Signature/Registered Agent

11/19/12

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

11/19/12

Date

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