

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000000270 3)))



H130000027034BCN

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.**

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLANCO ACCOUNTING I, INC.
Account Number : I20100000060
Phone : (305)828-1148
Fax Number : (305)828-1709

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION
SPORTS MAD INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN-2 AM 11:43

[illegible]

THE
OFFICE OF THE
ATTORNEY GENERAL
STATE OF NEW YORK
ALBANY

13 JAN-2 PM 3:51

SECRET

Electronic Filing Menu

Corporate Filing Menu

Help

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 MAD INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
12705 N.W. 42 VE
#KK-36 / L-36
OPA-LOCKA FL 33054

Mailing address, if different is:

5470 W 24 AVE APT 108
HIALEAH FL 33016-4811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ALL AND ANY LAWFUL BUSINESS**

WHOLESALE, RETAIL IMPORT AND EXPORT SPORTING GOOD AND GENERAL MERCHANDISE

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **MIAN SALLAHUDDIN PRESIDENT 75 % SHARES**
Address: **5470 W 24 AVE APT 108**
HIALEAH FL 33016-4811

Name and Title: _____
Address: _____

Name and Title: **MOHAMMAD KASHIF 25 % SHARES**
Address: **5470 W 24 AVE APT 108**
HIALEAH FL 33016-4811

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: **MIAN SALLAHUDDIN**
Address: **5470 W 24 AVE APT 108**
HIALEAH FL 33016-4811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **MIAN SALLAHUDDIN**
Address: **5470 W 24 AVE APT 108**
HIALEAH FL 33016-4811

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

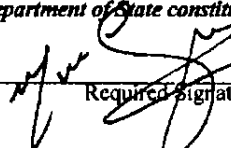


Required Signature/Registered Agent

01/02/2013

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

01/02/2013

Date

FILED
13 JAN -2 AM 11:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA