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(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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13 FEB -1, PH 2: 19
SECRETARY OF STATE
FALLAHASSEE, FI ORIDA

Return Name and Address Justin Prociv 1900 North Bayshore Drive #3611 Miami, FL 33132

January 29, 2013

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Articles of Incorporation

Dear Sir:

Enclosed please find an original and one copy of Articles of Incorporation along with total filing fees of \$70.00.

Please file and provide a filed copy to me, together with any other information you commonly provide to new incorporators at the address above.

Please contact me at the above address if you require anything further. My daytime telephone number is (305) 610-6340.

With kindest regards, I am

Sincerely yours

Justin Prociv

Enclosures

Check # 198 Enclosed for \$70.00

COVER LETTER

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

SUBJECT: CizzlingSports, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	are an original and one (1) copy of the articles of incorporation and a check for: 70.00 \$78.75 \$87.50 Filing Fee & Certificate of Status & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED ROM: Justin Prociv Name (Printed or typed)		
Filing Fee Filing Fee & Certificate of Status Filing Fee & Certified Copy Certificate of Status			
FROM: Justin Prociv Name (Printed or typed)			
1900 North Bayshore Drive, #3611 Address	SECRET	FEB	
Miami, FL 33132 City, State & Zip	ARY OF S	-4 PH ;	PILEO
3056106340 Daytime Telephone number	TATE	12:19	
cizzlingsports@hotmail.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)

The name of the co	rporation shall be:				
1	PRINCIPAL OFFICE Principal street address 900 North Bayshore Drive, #3611 liami, FL 33132		Mailing address, if diffe	<u>.</u>	
The corporati	hich the corporation is organized is: on is organized for the purpose of trorganized under the Florida Busines	ansacting ar	ny or all lawful busin on Act, as amended	ness for	 t"), of
ARTICLE IV The number of shar					
Name and Ti-Address:	INITIAL OFFICERS AND/OR DIRECTO Ile: Justin Prociv, Director 1900 North Bayshore Drive, #3611 Miami, FL 33132 Ile: Justin Prociv, President	Name and Ti Address: Name and Ti	1900 North Bays Miami, FL 33132	hore Driv	
Address:	1900 North Bayshore Drive, #3611 Miami, FL 33132	Address: 			
Name and Ti	tle: Justin Prociv, Secretary 1900 North Bayshore Drive, #3611 Miami, FL 33132	Name and Ti	itle:		
ARTICLE VI	REGISTERED AGENT			PS	13
	rida street address (P.O. Box NOT acceptable)	of the registered a	igent is:	FB	FEB
Name: Address:	Justin Prociv 1900 North Bayshore Drive, #36 Miami, FL 33132			ASSEE.	1-
ARTICLE VII	INCORPORATOR			四州	PH
•	ress of the Incorporator is:			STA: LORI	Ü
Name: Address:	Justin Prociv 1900 North Bayshore Drive, #361 Miami, FL 33132	<u>1</u>		DATE:	19
	d as registered agent to accept service of proce of familiar with and accept the applointment as re				nated in
		•	1/29/1	3	
I submit this docur	Required Signature/Registered Agent ment and affirm digt the facts stated herein a epartment of State constitutes a third degree felo	e true. I am awe	are that the false inform or in s.817.155, F.S.	Date	tted in a
	/ \	-			
	Required Signature/Imparator	· · · · · · · · · · · · · · · · · · ·	1/29/		
	Required Signature/Incorporator			Date	