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(Re	questor's Name)	· ·
, (Ade	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	•
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
ALLAHASSEF FINANCE

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COVER LETTER

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

SUBJECT:	SCORE MANAGEMENT GROUP, INC.
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>

Enclosed are an original	mai and one (1) copy of the ar	ucies of incorporation and	I 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
		I ADDITIONAL CA	IPY KRUBIKEDI (

FROM: An	dres Bazo
	Name (Printed or typed)
252	25 Ponce de Leon Blvd., Ste 625
	Address
Col	ral Gables, FL 33134
	City, State & Zip
305	5.343.2125
	Daytime Telephone number
and	resbazo@gmail.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)

The name of the corpo	AME ration shall be:	SCORE MANA	AGEMEN	NT GROUP, INC.
ARTICLE II PI	RINCIPAL O			AAE P
OFOE Dance	Principal str			Mailing address, if different is:
2525 Ponce	de Leon	BIVO.	_	mic 2
Suite 625			_	12: 12: 12: 12: 12: 12: 12: 12: 12: 12:
Coral Gables	s, FL 331	34	_	JOE 9
ARTICLE III PU The purpose for which	RPOSE 1 the corporation	on is organized is: repr	esenting	sports clubs and athletes
				gotiating professional contracts
	 			
ARTICLE IV SE	IARES 2	200		
ARTICLE IV SH The number of shares	of stock is: 2,)UU	····	
ARTICLE V IN	TTIAL OFFI	CERS AND/OR DIREC	TOPE	
		lo Bello, Directo		and Title: Andres Bazo, Director
		once de Leon E		2525 Ponce de Leon Blyd
Address		Suite 625		Suite 625
	 	Gables, FL 331	31	Coral Gables, FL 33134
	Corar	Jables, I L 33 I		Cotal Gables, 1 L 33 134
Name and Tit	le:		Name a	and Title:
Address			Addres	ss:
Name and Titl	e:		Name a	and Title:
Address			Addres	ss:
				

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and FI Name: Address:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of Andres Bazo 2525 Ponce de Leon Blvd., #625	the registered agent is:	13 SEP -4 PM 12: SECRETARY OF ST FALLAHASSEE, FLO
ridaross.	Coral Gables, FL 33134		DIP: 19 STATE FLORID
ARTICLE VII	INCORPORATOR		9 D.A.
The name and ad	dress of the Incorporator is:		
Name:	Andres Bazo		
Address:	2525 Ponce de Leon Blvd., #625		
	Coral Gables, FL 33134		
Having been nan this certificate, I d	ned as registered agent to accept service of process am familiar with and accountile appointment as regi	for the above stated corpo istered agent and agree to d	ration at the place designated in act in this capacity 09/03/2013
	Required Signature/Registered Agent		Date
I submit this doc document to the I	umen and affirm that the facts styled herein are to be artment of State constitutes to third degree felony	rue. I am aware that the j as provided for in s.817.1	
			09/03/2013
	Bequired Signature/Incorporator		Date