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COVER LETTER

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

SUBJECT: FORT	OAN SPORTS AND NUM (PROPOSED CORPORA	ISMATIC WHOLE	SALERS INC
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an origi	nal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
FROM:	DAVID A FORMAN Name	l (Printed or typed)	
19		COURT Address	
<u>B</u>	OCA RATON FLOR	State & Zip	
	917-831-0200 Daytime T	elephone number	
	DFORMAN 639@ AOL. E-mail address: (to be used	COM I for future annual report i	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)

ARTICLE I NA The name of the corpor	ME ation shall be: FORMAN SPORTS AND	NUMESMA	IC WHOLE	ESALERS INC.
ARTICLE II PR	INCIPAL OFFICE Principal street address	Ν	Mailing address, if different is:	
19337 NATUR	ES VIEW COURT			
BOCA RATION	FLORIDA 33498			
ARTICLE III PUI The purpose for which	RPOSE the corporation is organized is: いれいとら	ALE TRADE	OF SPORT	S COLLECTIBLE
				2+ C2
The number of shares o	ARES f stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u></u>		FILED APR 14 PM 1: 13 ETARY OPTIAIR HASSES FLORINA
Name and Tit	le: DAVID A. FORMAN, PRESIDEM	Name and Title:		
Address	19237 NATURES VIEW COURT	Address: _		
	BOCA RATION, FLOREDA 33498	-	· · · · · · · · · · · · · · · · · · ·	
Name and Title	e:	Name and Title:		
Address		Address:		
Name and Title	e:	Name and Title:	-	
Address		Address:	<u></u>	
			<u></u>	

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Flo	REGISTERED AGENT prida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	DAVED A. FORMAN		
Address:	19237 NATURES VIEW COURT		W
	BOCA RATON FLORIDA 3349	\$	APR 14 APR 14 APR 14 APR 15 APR 16 AP
ARTICLE VII	INCORPORATOR		
The name and add	dress of the Incorporator is:		
Name:	DAVID A. FORMAN		Spi Z
Address:	19237 NATURES VIEW COURT		
	BOCA RATON FLOREDA 33498		
Having been nath this certificate I a	ed as registered agent to accept service of process m/famil iar wi th and accept the appointment as reg	for the above stated corporati istered agent and agree to act	on at the place designated in in this capacity
X No	v A		4-1-14
	Required Signature/Registered Agent		Date
I submit this docu document to the D	ment and affirm that the facts stated herein are the epartment of State constitutes a third degree felony	rue. I am aware that the fals v as provided for in s.817.155,	e information submitted in a F.S.
\prec	Va C		4-1-14
/	Required Signature/Incorporator		Date