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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECTETARY OF STATE

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COVER LETTER

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

| SUBJECT: Walk of Fame Wholesale Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | | | |
|---|--|-------------------------------------|---|--|--|--|
| Enclosed are an orig | rinal and one (1) copy of the ar | ticles of incorporation an | d a check for: | | | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certified Copy & Certificate of Status | | | |
| | | ADDITIONAL COPY REQUIRED | | | | |
| FROM: D | avida Chén Deb | orah Weaver | | | | |

Name (Printed or typed)

4610 S. Kirkman Rd.

Address

Orlando, FL 32811

City, State & Zip

4074315839

Daytime Telephone number

Varanee@att.net

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)

| ARTICLE I NAM The name of the corporat | E Walk of Fame Who with the work with the | olesale Inc. |
|--|--|---|
| ARTICLE II PRI | NCIPAL OFFICE Principal street address | Mailing address, if different is |
| Orlando, FL. 3 | 32811 | 12: 19 STATE STATE |
| | POSE he corporation is organized is: | censed Sports Product, Decor, Accessori |
| | | |
| | | |
| ARTICLE IV SHA The number of shares of ARTICLE V INT | IRES stock is: 100 TIAL OFFICERS AND/OR DIRECTOR | |
| Name and Title | : Davida Chen Deborh Weaver | Name and Title: |
| Address | 4610 S. Kirkman Rd. Orlando FL.32811 | Address: |
| Name and Title: | Varanee Inkanangkul | Name and Title: |
| Address | 4610 S. Kirkman Rd. Orlando FL.32811 | _ Address: |
| | | |
| Name and Title | | Name and Title: |
| Address | <u></u> | Address: |
| | | |

| Name ar | nd Title: | Name and Title: | | | |
|---|--|--|---|--|--|
| Address | | Address: | | | |
| ARTICLE VI The name and F | REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of | the registered agent is: | 14 JUL 14 PM 12: 19 SECRETARY OF STATE ALLIAHASSEE, FLORIBA | | |
| Name: | Davida Chen Deborah Weaver | | STAI | | |
| Address: | 4610 S. Kirkman Rd. | | IIIA | | |
| | Orlando FL.32811 | | | | |
| ARTICLE VII | INCORPORATOR ddress of the Incorporator is: | | | | |
| Name: | Davida Chen Deborah Weaver | | | | |
| Address: | 4610 S. Kirman Rd. | | | | |
| , 1000 C.S. | Orlando Fl.32811 | | | | |
| Having been no this certificate, 1 | aged as registered agent to accept service of process am familiar with and accept the appointment as reg | for the above stated corpo istered agent and agree to a | nct in this capacity | | |
| Adeil | //// | | 07/09/2014 | | |
| | Required Signature/Registered Agent | | 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 file Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | | | | | |
| 1 3/1-1 | | | 07/09/2014 | | |
| July 18 18 18 18 18 18 18 18 18 18 18 18 18 | Required Signature/Incorporator | · · · · · · · · · · · · · · · · · · · | Date | | |