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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
-	Office Use Onl	v



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SECRETARY 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:	Sportseed Co	orporation	
	(PROPOSED CORPOR.	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
			The Quinto
FROM:	Lawrence W	linewer ne (Printed or typed)	
_	10768 Th	Address	
		FL 33473 , State & Zip	
<del></del> -	(5(1) 3/1 - 06	7 Felephone number	
	Libration e act. o	om	
	E-mail address: (to be use	ed 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 corporation	on shall be: Sportseed	proporation	14 AUG 29 PM 1:32
ARTICLE II PRINC	CIPAL OFFICE rincipal <u>street</u> address	Mailing address.	SECREMAY OF STATE
10768 Thon	nes Lake Manor	P.O. Rox To	91
	, FL 33473	West Pala 9	ec.L, FL 33405
	OSE e corporation is organized is:		•
	ock is: 200  AL OFFICERS AND/OR DIRECTOR		
	Laurena Vinaux		
	Dest Pela Beal, Fl 33405		
Name and Title:_		Name and Title:	
Address		Address:	
-			
Name and Title:_		Name and Title:	
Address _		Address:	
-			<del></del>



Name and	Fitle:	Name and Title:	14 AUG 29 PH 1: 32
Address	7.7.		
	<u>REGISTERED AGENT</u> <u>rida street address</u> (P.O. Box <b>NOT</b> acceptable) o	f the registered agent	is
•			15.
Name:	Laurena Winguer	-	
Address:	10768 Thomas Lake Manor		
	Boynton buch, FL 33473	_	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and add	ress of the Incorporator is:		
Name:	Laurence Winaucr		
Address:	P.O. BOX 7091		
	Vest Pola Brock, FL 33405	_	
Having been name this certificate, I an	d as registered agent to accept service of proces. n familiar with and accept the appointment as re	s for the above states gistered agent and ag	d corporation at the place designated in gree to act in this capacity
	Required Signature/Registered Agent	evr)	7/21/14
	Required Signature/Registered Agent		Date
I submit this document to the De	ment and affirm that the facts stated herein are partment of State constitutes a third degree felor	true. I am aware th ny as provided for in	nat the false information submitted in a s.817.155, F.S.
	Required Signature/Incorporator		P/19/14 Date
	Laurena Winaux		