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| (Re | questor's Name) | | |
|-------------------------|-------------------|-------------|--|
| (Address) | | | |
| (Ad | dress) | | |
| (Cit | y/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nar | me) | |
| (Do | ocument Number) | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to | Filing Officer: | | |
| <i>,</i> | | | |
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Office Use Only



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14 SEP 17 M 8 2
SECRETARY OF STATE

9/18/14

| CC | PRPORATE ACCESS, | When y | you need ACCESS to | the world | |
|--------|------------------|---------------------------|-----------------------------|----------------|---------------|
| | INC. | , | ast 6th Avenue. Tallahassee | | 0) 222-1666 |
| | | | WALK IN | | |
| | | PICK UP: | 9/16 | | |
| | CERTIFIED C | COPY | | | |
| X | РНОТОСОРУ | , | | | |
| | cus | | | | |
| X | FILING | Ce | orf. | | <u>·</u> |
| 1. | CORPORATE NAME | Nagher and document #) | Tennis, Con | rp. | |
| 2. | (CORPORATE NAME | AND DOCUMENT #) | | | |
| 3. | (CORPORATE NAME | AND DOCUMENT #) | | | |
| 4. | (CORPORATE NAME | AND DOCUMENT #) | | TAECKE ALLAN | 14 SEP F |
| 5. | (CORPORATE NAME | AND DOCUMENT #) | | TARROS SI | |
| 6. | (CORPORATE NAME | AND DOCUMENT #) | | ORIGA ORIGA | 8: 2 <i>7</i> |
| SPECIA | L INSTRUCTIONS: | | | | |

COVER LETTER

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

| SUBJECT: Brande | don Wagner Tennis, Corp. | | | | | |
|----------------------|--|---|----------------------------|-------------|---------|---|
| SOBOLOT. | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> I | UDE SUFFIX | | | |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | d a check for: | 7 | | |
| \$70.00 Filing Fee | □ \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate of Status | | | |
| · FROM; | Nam | e (Printed or typed) | | J | | |
| | | Address | · | | | |
| | City | , State & Zip | , | SEC | 14 | ٠ |
| | Daytime '. | Telephone number | · | S | SEP 17 | F |
| | E-mail address: (to be use | ed for future annual report | notification) | | AH 8: 2 | |

NOTE: Please provide the original and one copy of the articles.





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2014

CORPORATE ACCESS, INC.

SUBJECT: BRANDON WAGNER TENNIS, CORP.

Ref. Number: W14000056734

We have received your document for BRANDON WAGNER TENNIS, CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please remove the decimal point from the shares of stock.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 314A00019863

14 SEP 17 MH 8-27 SECRETARY OF STATE

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

14 SEP 17 AM 8: 27

| | AME Brandon Wagner Ten | nis, Corp. | <u> </u> |
|--|---|--|--|
| CLE II P | RINCIPAL OFFICE | | TALLAHASSI Mailing address, if different is: |
| 12 Maui Isle | Principal <u>street</u> address Dr. | | Mailing andress, it officered is: |
| pa, FL 3 36 | | | |
| • | * | | |
| CLB III PI | h the corporation is organized is: | de the education | on, teaching, |
| developme | nt of tennis players. Giving tennis | s, fitness, and n | utritional guidance |
| instruction | for the players to reach their maxi | mum potential. | Further, to provide camps an |
| | | | |
| Name and T | HARES 10,000 of stock is: NITIAL OFFICERS AND/OR DIRECTO Sitle: Brandon Wagner President | ORS Name and Title | |
| mber of shares | NITIAL OFFICERS AND/OR DIRECTO | | Brandon Wagner Secretary 18012 Maul Isle Dr. Tampa, FL 33647 |
| ICLE V L. Name and T | NITIAL OFFICERS AND/OR DIRECTS (itle: Brandon Wagner President) 18012 Maul Isle Dr. | Name and Title Address; | 18012 Maul Isle Dr. |
| Name and Tanders Name and Tanders Name and Tanders | Brandon Wagner President 18012 Maul Isle Dr. Tampa, FL 33647 Brandon Wagner Director 18012 Maul Isle Dr. Tampa, FL 33647 | Name and Title Address: Name and Title Address: | 18012 Maul Isle Dr. Tampa, FL 33647 |
| Name and Ti Address Name and Ti | Brandon Wagner President 18012 Maui Isle Dr. Tampa, FL 33647 Brandon Wagner Director 18012 Maui Isle Dr. Tampa, FL 33647 | Name and Title Address: Name and Title Address: Name and Title | 18012 Maul Isle Dr. Tampa, FL 33647 |
| Name and Tanders Name and Tanders Name and Tanders | Brandon Wagner President 18012 Maul Isle Dr. Tampa, FL 33647 Brandon Wagner Director 18012 Maul Isle Dr. Tampa, FL 33647 | Name and Title Address: Name and Title Address: | 18012 Maul Isle Dr. Tampa, FL 33647 |

| 3121110 411 | d Title: | Name and Title: |
|-------------------------------------|---|--|
| Address | | Address: |
| | | |
| | | |
| | REGISTERED AGENT orida street address (P.O. Box NOT acceptate | ale) of the registered agent is: |
| Name: | Brandon Wagner | ne) of the regimenee agent to |
| Address: | 18012 Maui Isle Dr. | |
| | Tampa, FL 33647 | |
| ARTICLE VII | INCORPORATOR | |
| The <u>name and a</u> | ddress of the incorporator is: | |
| Name: | Brandon Wagner | |
| Address: | 18012 Maui Isle Dr. | |
| | Tampa, FL 33647 | |
| Having been nav | med as registered agent to accept service of p am familiar with and accept the appointment Required Signature/Registered Agen | rocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity 09/10/2014 |
| | Required Signature/Registered Ager | d Date |
| الماسلات. | · | |
| I submit this do document to the | | n are true. I am aware that the false information submitted in a |
| I submit this do document to the | cument and affirm that the facts stated herei | n are true. I am aware that the false information submitted in a |

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14 SEP 17 MI 8: 27

SECRETARY OF STATE

TANDAM AND THE SECRETARY OF STATE

14 SEP 17 MI 8: 27