P15000009857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

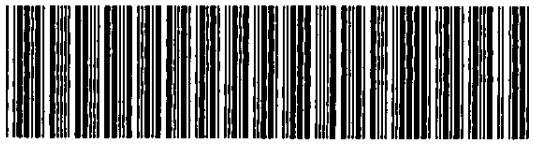
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500268121365

01/23/15--01008--025 **128.75

FILED
15 JAN 23 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 2/2

COVER LETTER

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

SUBJECT: SPORTSWORX MANAGEMENT, INC

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	$ 50.00
Articles of Incorporation and Certified Copy	$ 78.75
Total to domesticate and file	$128.75

OPTIONAL:

Certificate of Status $ 8.75

WHITE DOVE BUSINESS & FINANCIAL SOLUTIONS LLC
Name (printed or typed)

11720 US 19 SUITE 6
Address

PORT RICHEY FL 34668
City, State & Zip

727-861-2722
Daytime Telephone Number

RABOYKO @ WHITEDOVEINC.NET
E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, TIM LIVINGSTON (Name) PRESIDENT (Title)

of SPORTSWORX MANAGEMENT, INC (Corporation Name) a foreign corporation,

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

15 JAN 23 AM 8:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. The date on which corporation was first formed was MAY 26 2011

2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was INDIANA

3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was SPORTSWORX MANAGEMENT, INC

4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is SPORTSWORX MANAGEMENT, INC.

5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was FLORIDA

6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am TIM LIVINGSTON, of SPORTSWORX MANAGEMENT, INC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 6th day of JANUARY 2015

(Authorized Signature)

Filing Fee:

Certificate of Domestication	**$ 50.00**
Articles of Incorporation and Certified Copy	**$ 78.75**
Total to domesticate and file	**$128.75**

INHS53 (12/12)

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

15 JAN 23 AM 8:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

SPORTSWORX MANAGEMENT, INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address	Mailing Address
3103 MCFARLAND RD	3103 MCFARLAND RD
TAMPA, FL 33618	TAMPA, FL 33618

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

SPORTS MANAGEMENT AND ANY AND ALL OTHER ACTIVITIES PERMITTED UNDER THE LAWS OF FLORIDA AND THE UNITED STATES OF AMERICA

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name
TIM LIVINGSTON, P
3103 McFARLAN Rd
TAMPA, FL 33618

Title/Name

Title/Name
JOHN MALY, S
22210 PALOMINO WAY
NEWHALL, CA 91321

Title/Name

Title/Name
KELLY BYRD
4707 CRAWFORD RD.
FORT WAYNE, IN 46845

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

TIM LIVINGSTON

3103 MCFARLAND RD

TAMPA, FL 33618

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

TIM LIVINGSTON

3103 MCFARLAND RD

TAMPA, FL 33618

15 JAN 23 AM 8:51

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Signature/Registered Agent

1-6-2015

Date

Signature/Incorporator

1-6-2015

Date