7/7/2021

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From: James Tank:

Division of Corpolition 7 A Constitute of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION

## Harper Sports Management & Consulting Inc

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

Electronic Filing Menu

Corporate Filing Menu

Help

## From: James Tank

## ARTICLES OF INCORPORATION

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

| CLE II PR   | Principal street address   | Mailing:  | Mailing address, if different is: |  |
|---|--|---|-----------------------------------|--|
| Narcoossec F  | Rd # 2-307   |   |                                   |  |
| do, Florida 32  | 832  | <del></del>   |                                   |  |
| CLE III PUI   | RPOSE ch the corporation is organized is:  | egal activity / business manageme                                     | ent services                      |  |
|   |  |   |                                   |  |
|   | ٠.   | • • •   |                                   |  |
|   | •  | ->  |                                   |  |
|   |  |   |                                   |  |
|   |  |   |                                   |  |
| mber of shares  | of stock is:   |   |                                   |  |
| nber of shares  | of stock is:  "IAL OFFICERS AND/OR DIRECTOR:  Michael Harmer Is Director   | Σ   |                                   |  |
| nber of shares  | of stock is: 2,000  FIAL OFFICERS AND/OR DIRECTOR:  itle: Michael Harper Jr Director  11954 Narcoossee Rd # 2-307                    | Name and Title:   |                                   |  |
| Name and Ti   | of stock is: 2,000  FIAL OFFICERS AND/OR DIRECTOR:  itle: Michael Harper Jr Director  11954 Narcoossee Rd # 2-307                    | Name and Title:   |                                   |  |
| nber of shares  LE V INIT  Name and Ti                                  | of stock is: 2,000  FIAL OFFICERS AND/OR DIRECTOR:  Michael Harper Jr Director  11954 Narcoossee Rd # 2-307                          | Name and Title:   |                                   |  |
| nber of shares  LE V INIT  Name and Ti  Address                         | of stock is:  FIAL OFFICERS AND/OR DIRECTOR:  Michael Harper Jr Director  11954 Narcoossee Rd # 2-307  Orlando, Florida 32832        | Name and Title:Address:   |                                   |  |
| nber of shares  LE V INIT  Name and Ti  Address                         | of stock is: 2,000  FIAL OFFICERS AND/OR DIRECTOR:  Michael Harper Jr Director  11954 Narcoossee Rd # 2-307                          | Name and Title:Address:Name and Title:                                |                                   |  |
| nber of shares  LE V INIT  Name and Tit  Address  Name and Titl         | of stock is:  FIAL OFFICERS AND/OR DIRECTOR:  itle:  Michael Harper Jr Director  11954 Narcoossee Rd # 2-307  Orlando, Florida 32832 | Name and Title:Address:Name and Title:                                |                                   |  |
| nber of shares  LE V INIT  Name and Tit  Address  Name and Titl         | of stock is:  FIAL OFFICERS AND/OR DIRECTOR:  itle:  Michael Harper Jr Director  11954 Narcoossee Rd # 2-307  Orlando, Florida 32832 | Name and Title:Address:Name and Title:                                |                                   |  |
| nber of shares  LE V INIT  Name and Ti  Address  Name and Titl  Address | of stock is:  "IAL OFFICERS AND/OR DIRECTOR: itle:  Michael Harper Jr Director  11954 Narcoossee Rd # 2-307  Orlando, Florida 32832  | Name and Title:  Address:  Name and Title:  Address:                  | 4021 JUL -7 AM                    |  |
| nber of shares  LE V INIT  Name and Ti  Address  Name and Titl  Address | of stock is:  FIAL OFFICERS AND/OR DIRECTOR:  itle:  Michael Harper Jr Director  11954 Narcoossee Rd # 2-307  Orlando, Florida 32832 | Name and Title:  Address:  Name and Title:  Address:  Name and Title: | 4021 JUL -7 AM                    |  |

To: 18506176381

| Name a                                    | nd Title:   | Name and Title:  |  |
|---|---|--|--|
| Addres                                    | · · ·   | Address:   |  |
|   |   | <del></del>  |  |
|   |   |  |  |
| ARTICLE VI The name and F                 | REGISTERED AGENT Torida street address (P.O. Box NOT accepta                                      | hle) of the maintain days of   |  |
| Name:                                     | NRAI Services, Inc.   | ore) of the registered agent is:   | 207  |
| Address:                                  | 1200 South Pine Island Road   |  | 2021 JUL   |
|   | Plantation, FL 33324.   |  | 1  |
| ARTICLE VII                               | INCORPORATOR  |  | AH S   |
| The name and a                            | ddress of the Incorporator is:  |  | 9.<br>30   |
| Name:                                     | Laughlin Associates, Inc.   |  | . 0  |
| Address:                                  | 9120 Double Diamond Pkwy  | <del></del>  |  |
|   | Reno, NV 89521  |  |  |
| Effective date, if                        | EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and co    | (OPTIONAL) annot be more than five days prio                                 | r or 90 days after the                           |
| Note: If the date                         | inserted in this block does not meet the applications date on the Department of State's reco      | able statutory filing requirements, the                                      | nis date will not be listed as                   |
| Having been name<br>this certificate, I a | ned as registered agent to accept service of pro<br>imfamiliar with and accept the appointment a  | ocess for the above stated corporations registered agent and agree to act i  | on at the place designated in<br>n this canacity |
| By NRAI                                   | Markey Cu DEBOI   | ZA COKBILEN  | 07/07/2021                                       |
|   | / Required Signature/Registered Agent   | AGGT GEON FORN   | RAI Date   |
| I submit this docu<br>document to the D   | iment and affirm that the facts stated herein<br>Department of State constitutes a third degree f | are true. I am aware that the false<br>clony as provided for in s.817.155, I | information submitted in a<br>F.S.               |
|   |   |  | 07/07/2021                                       |
| Requir                                    | od Signature/Incorporator   |  | Date   |