## P98000005061

TRANSMITTAL LETTER

700002401247--1 -01/15/98--01037--022 \*\*\*\*122.50 \*\*\*\*\*122.50

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

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:
\$70.00 _ \$78.75 \sqrt{\$12.50} _ \$131.25  Filing fee Filing fee Filing fee,  &Certificate &Certified copy Certified copy
& Certificate
FROM: DARREL LUEST Name (printed or typed)
5460 HOFFNER AVE. STE. #106
Address Daniel Want GAVE
UCLANDO + C. 32812 AUTHORIZATION BY PHONE TO
City, State & Zip  (NY 207 CIG)  CORRECT # al Shave
Daytime Telephone number DATE 1-10-48

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

## ARTICLES OF INCORPORATION

Part of the State of the State

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. ARTICLE I NAME The name of the corporation shall be: CHAMPIONS ONLY, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 5460 HOFFNER AVE. STE. #106 ORLANDO, FC. 32812 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: =(150,000 ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial DARREL WEST 5460 HOFFNER AVE. STE#106 ORLANDO, FC. 32812 INCORPORATOR registered agent are: The name and address of the incorporator to these Articles of Incorporation are: BETSY Philips HOFFNER AUE . TIOG ORLANDO 5460

(An additional article must be added if an effective date is requested).

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date