

TRANSMITTAL LETTER

P98000014779

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

SUBJECT: Ambassador Sports and Entertainment Management Group, Inc.
(Proposed corporate name - must include suffix)

800002429889--6
-02/13/98--01027--009
*****78.75 *****78.75

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Karl Brown

Name (Printed or typed)

P.O. Box 174067

Address

Miami, Fl. 33017-4067

City, State & Zip

(305) 628-0191

Daytime Telephone number

FILED
98 FEB 13 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/16/98 JLM

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

ARTICLES OF INCORPORATION

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:

Ambassador Sports and Entertainment Management Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

18441 N.W. 2nd Avenue , Suite 360A
Miami, Florida 33169

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Alice Everett
18441 N.W. 2nd Ave., Suite 360A
Miami, Fl. 33169

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Karl S.H. Brown
P.O. Box 174067
Miami, Fl. 33017


Signature/Incorporator


Date

(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 statutes 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA