0980 MAN TAN ETTES 1280

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

SUBJECT:	he Ultimate Athl (Proposed co	PL COMPONI rporate name - must include	suffix)		
		5	500002549 -06/05/98 ****131.25	-01083010	
Enclosed is an origina	al and one(1) copy of the articles	of incorporation and a c	heck for :		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM:	PO BOX &	Mbrose inted or typed) Scale & Zip	LAHASSEE, FI	98 JUN -5 AM 9: 29	
		OS elephone number	someel Ambra	GAVE	
		DO:	C. EXAM CB	PHONE TO	
NOTE: Please provide the original and one copy of the articles.					

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation Business Corporation Act, hereby adopts the following Articles of Incorporation	n under the Florida Special Sp				
ARTICLE I NAME	ASSI T				
The name of the corporation shall be:					
The Ultimate Athlete Compo	SV SIATE STATE OF THE STATE OF				
ARTICLE II PRINCIPAL OFFICE	>				
The principal place of business and mailing address of this corpor	ration shall be:				
BROWARD COUNTY, Florida	CIA TI 23/101				
PO BOX 820438 South Flati	ar Lr 22024				
ARTICLE III SHARES					
The number of shares of stock that this corporation is authorized	to have outstanding at any one time is:				
1000					
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Samuel S. Amblose.					
10253 NW 17th COURT					
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:					
Samuel S. Ambrose Po Box 820438 South Flatice FL 33082	James K. Bachstein 14259 N.W. 1744 Court Pembroke fires, Sta 33028				
1000	Pemboke fires, Ita 33028				
All the	(0/2/2)				
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 astregistered agent					
MEDICAL MARCHANTER STATE OF THE	(0/1/98)				
Signature/Registered Agent	Date				