TRANSMITTAL LETTER 1900011166

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

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SUBJECT:	Rival Spor		± cs	-a
Enclosed is an origina	(Proposed corpor	rate name - must include suf	LAHASSEE, FLO	AUG -4 M 10: 25
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	WADE Rome	inted or typed)		
1999 University Dr. Suite 104 Address				
	Coral Springs,	FC 33071 State & Zip		
(954) 345-1161 (954) 494-7800 Davtime Telephone number				

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

The name of the corporation shall be: Poats, INC.

PRINCIPAL OFFICE

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

1999 University Dr.

Suite 104 Corel Springs, FL 33071 ARTICLE III SHARES

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

10,000.00 (Ten Thousand)

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

WADE TROME

1999 University Dr. #- 104

Coral Springs, FL 33071

ARTICLE V INCORPORATOR

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

LUADE ROME

1999 University Dr. # 104

Corel Springs, FL 33071

Signature/Incorporator

(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