

3/11/2021

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Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : VCORP SERVICES, LLC
Account Number : 12008000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: statenotices@vcorpservices.com

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FOREIGN PROFIT/NONPROFIT CORPORATION
Sports Administration Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2021 MAR 11 PM 1:05

Electronic Filing Menu Corporate Filing Menu Help

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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Sports Administration Inc.
(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/7/2017 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 101 Onondago Trail, Medford Lakes, NJ 08055
(Principal office street address)

(Current mailing address, if different)

8. To provide a training platform to the needy who are looking to pursue a career in dance sport activities
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Vcorp Services, LLC

Office Address: 5011 South State Road 7, Suite 106

Davie, Florida 33314
(City) (Zip Code)

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Beena Biefer

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTORS

Chairman Name: Boris Blank

Vice Chairman Address: 101 Onondago Trail

Director Medford Lakes, NJ 08055

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Igor Golovach

Vice Chairman Address: 101 Onondago Trail

Director Medford Lakes, NJ 08055

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Kimberly Monaco

Vice Chairman Address: 101 Onondago Trail

Director Medford Lakes, NJ 08055

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

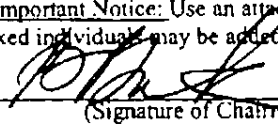
President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Boris Blank, President
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
 DEPARTMENT OF THE TREASURY
 DIVISION OF REVENUE AND ENTERPRISE SERVICES
 LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**SPORTS ADMINISTRATION INC.
 0450174539**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on June 07, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

BORIS BLANK
 101 ONONDAGO TRAIL
 MEDFORD LAKES, NJ 08055

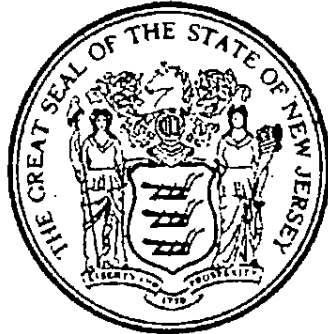
I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on October 28, 2020.

- | | |
|--------------|--|
| <i>OTHER</i> | <i>BORIS BLANK
101 ONONDAGO TRAIL
MEDFORD LAKES, NJ 08055</i> |
| <i>OTHER</i> | <i>IGOR GOLOVACH
101 ONONDAGO TRAIL
MEDFORD LAKES, NJ 08055</i> |
| <i>OTHER</i> | <i>MICHELLE BLANK
101 ONONDAGO TRAIL
MEDFORD LAKES, NJ 08055</i> |

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**STATE OF NEW JERSEY
 DEPARTMENT OF THE TREASURY
 DIVISION OF REVENUE AND ENTERPRISE SERVICES
 LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

**SPORTS ADMINISTRATION INC.
 0450174539**



*IN TESTIMONY WHEREOF, I have
 hereunto set my hand and affixed
 my Official Seal at Trenton, this
 11th day of March, 2021*

*Elizabeth Maher Muoio
 State Treasurer*

Certificate Number : 6116617669

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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