

No 5000008003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

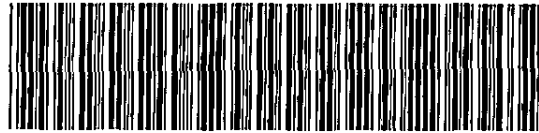
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

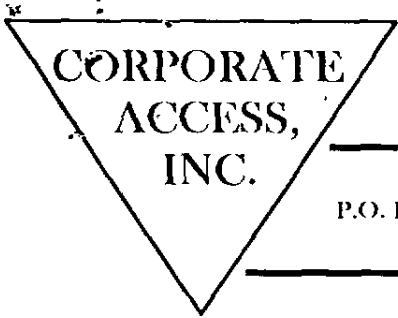


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08/04/15--01003--023 **78.75

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DIVISION OF CORPORATIONS
05 AUG -4 PM 3:21

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
05 AUG -4 AM 11:16



"When you need ACCESS to the world"

236 East 6th Avenue Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

WALK IN

PICK UP: 8/4/05 Akide

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS _____
- FILING Articles

1. H.S. Soccer Tournament, Inc.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG -4 PM 3: 21

ARTICLE I NAME

The name of the corporation shall be:

H.S. SOCCER TOURNAMENT, INC.

ARTICLE II PRINCIPAL OFFICE

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

5020 West Cypress Street, Suite 200, Tampa, Florida 33607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To promote high school soccer in Florida by way of a tournament, including but not limited to, state and nationally ranked high school (boys) soccer programs.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

By majority vote

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

ROBERT A. BAUMAN
5020 West Cypress Street
Suite 200
Tampa, Florida 33607
President/Vice President/Secretary/Treasurer

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ROBERT A. BAUMAN
5020 West Cypress Street, Suite 200
Tampa, Florida 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT A. BAUMAN
5020 West Cypress Street, Suite 200
Tampa, Florida 33607

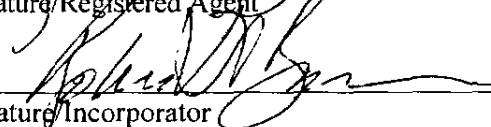
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

8/3/05

Date



Signature/Incorporator

8/3/05

Date