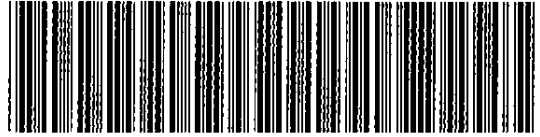


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(Requestor's Name)

(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

09 APR 29 PM 4: 52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

VH

**COVER LETTER**

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

**SUBJECT:** SOUTH FLORIDA KNIGHTS BASEBALL, INC.  
**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

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 of  
Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** RAYNEL PALACIOS  
Name (Printed or typed)

19389 NW 14 ST  
Address

PEMBROKE PINES, FL 33029  
City, State & Zip

305-820-2124  
Daytime Telephone number

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

APPROVED  
AND  
FILED

**ARTICLES OF INCORPORATION**

In Compliance with Chapter 617, F.S., (Not for Profit) 09 APR 29 PM 4: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

SOUTH FLORIDA KNIGHTS BASEBALL, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

19389 NW 14 ST  
PEMBROKE PINES, FL 33029

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE TRAINING, INSTRUCTION AND PARTICIPATE IN, BASEBALL GAMES AND SPORTS ACTIVITIES FOR CHILDREN

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

AS PROVIDED FOR IN THE BYLAWS

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

P  
RAYNEL PALACIOS, 19389 NW 14 ST, PEMBROKE PINES, FL 33029

VP  
ALEX MORALES, 18159 NW 90TH AVE, MIAMI, FL 33018

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

RAYNEL PALACIOS  
19389 NW 14 ST  
PEMBROKE PINES, FL 33029

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


RAYNEL PALACIOS  
19389 NW 14 ST  
PEMBROKE PINES, FL 33029

\*\*\*\*\*

*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

4/27/09  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4/27/09  
\_\_\_\_\_  
Date