

N/A 000000Z992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

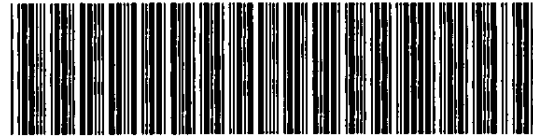
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

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

**SUBJECT: HOMESTEAD YOUTH SPORTS CLUB 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

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM: LUCAS BELMONTES**  
Name (Printed or typed)

**180 N HOMESTEAD BLVD**  
Address

**HOMESTEAD, FL 33030**  
City, State & Zip

**305-458-0540**  
Daytime Telephone number

**HOMESTEADYOUTHSPORTSCLUB@GMAIL.COM**  
E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I    NAME**

The name of the corporation shall be: HOMESTEAD YOUTH SPORTS CLUB INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
180 N HOMESTEAD BLVD

Mailing address, if different is:

HOMESTEAD, FL 33030

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: PROVIDING YOUTH RECREATIONAL / COMPETITIVE  
SPORT ACTIVITIES. FROM AGES 4-18 YEARS.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

VOTED

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

Name and Title: LUCAS BELMONTES (P)

Name and Title: DAVID BELMONTES (VP)

Address 180 N HOMESTEAD BLVD  
HOMESTEAD, FL 33030

Address: 180 N HOMESTEAD BLVD  
HOMESTEAD, FL 33030

Name and Title: CRUZ CASTILLO (SEC)

Name and Title: \_\_\_\_\_

Address 180 N HOMESTEAD BLVD  
HOMESTEAD, FL 33030

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

14 MAR 26 PM 3:06

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: LUCAS BELMONTES

Address: 180 N HOMESTED BLVD

HOMESTEAD, FL 33030

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LUCAS BELMONTES

Address: 180 N HOMESTEAD BLVD

HOMESTEAD, FL 33030

*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*

*Lucas Belmontes*

Required Signature of Registered Agent

3/1/14

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

*Lucas Belmontes*

Required Signature of Incorporator

3/1/14

Date

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TALLAHASSEE FLORIDA