

N 15000000 206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

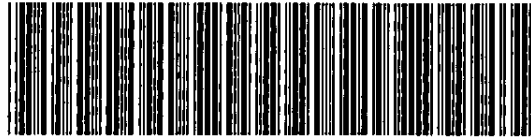
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JAN 08 2015

T. SCOTT



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15 JAN - 7 AM 11:11





RECEIVED

15 JAN -7 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2014

HEATH ESKALYO
8201 PETERS ROAD, SUITE 4000
FORT LAUDERDALE, FL 33324

SUBJECT: TRI SHARKS, INC.
Ref. Number: W14000075816

We have received your document for TRI SHARKS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 914A00027048

COVER LETTER

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

SUBJECT: TRI SHARKS, 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: Heath Eskalyo
Name (Printed or typed)

8201 Peters Road, Suite 4000
Address

Fort Lauderdale, FL 33324
City, State & Zip

954-370-9970
Daytime Telephone number

heskalyo@kelleykronenberg.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: TRI SHARKS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

8201 Peters Road

Suite 4000

Fort Lauderdale, FL 33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a non-profit organization comprised of senior-level professionals / executives who are active triathlon participants committed to professional growth, business development and philanthropy. Any monies raised or collected will be distributed to the various charitable organizations recognized by this organization.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: 1st year appointed

3rd year elected.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Heath Eskalyo, President

Name and Title: David Barnett, Vice President

Address: 8201 Peters Road

Address: 2860 Marina Mile Blvd.

Suite 4000

#105

Ft. Lauderdale, FL 33324

Ft. Lauderdale, FL 33312

Name and Title: Marc Rheingold, Treasurer

Name and Title: John McLendon, Secretary

Address: 1840 Main Street

Address: 888 E. Las Olas Boulevard

#202

Suite 508

Weston, FL 33326

Ft. Lauderdale, FL 33301

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

15 JAN - 7 AM 11: 11

RECORDED & INDEXED

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: Heath Eskalyo
Address: 8201 Peters Road, Suite 4000
Fort Lauderdale, FL 33324


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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Heath Eskalyo
Address: 8201 Peters Road, Suite 4000
Fort Lauderdale, FL 33324

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


Required Signature of Registered Agent

12/01/14
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.


Required Signature of Incorporator

12/01/14
Date