

3/22/2021

Division of Corporations

N 2100003108

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6331

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
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2021 MAR 22 PM 5:54

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MOUNT OF LIFE VOLLEYBALL ACADEMY INC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (03), and Estimated Charge (\$78.75).

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

ARTICLE I NAME

The name of the corporation shall be: MOUNT OF LIFE VOLLEYBALL ACADEMY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

10107 ANCORA CIR APT 1322
ORLANDO, FL 32821

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PURPOSE OF THE BUSINESS IS CAPTURE, DIRECT,
ORGANIZE, TRAIN AND PROJECT CHILDREN AND TEENAGERS THROUGH CLINIES, CAMPS AND
PREVIOUSLY PLANNED TRAINING IN THE DISCIPLINE OF FIELD AND SAND VALLEYBALL RESPECTIVELY.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____
BY MINUTES AND BY LAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>GERSON BENITEZ (D)</u>	Name and Title:	_____
Address	<u>10107 ANCORA CIR</u>	Address:	_____
	<u>APT 1322</u>		_____
	<u>ORLANDO, FL 32821</u>		_____
Name and Title:	<u>NOIRALY ROJAS (S)</u>	Name and Title:	_____
Address	<u>10107 ANCORA CIR</u>	Address:	_____
	<u>APT 1322</u>		_____
	<u>ORLANDO, FL 32821</u>		_____
Name and Title:	<u>ZEUS BENITEZ</u>	Name and Title:	_____
Address	<u>10107 ANCORA CIR</u>	Address:	_____
	<u>APT 1322</u>		_____
	<u>ORLANDO, FL 32821</u>		_____

2021-03-22 14:54

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: GERSON BENITEZ
 Address: 10107 ANCORA CIR APT 1322
ORLANDO, FL 32821

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GERSON BENITEZ
 Address: 10107 ANCORA CIR APT 1322
ORLANDO, FL 32821

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

G.B.

 Required Signature of Registered Agent

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.

G.B.

 Required Signature of Incorporator

Date

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