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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (BL | isiness Entity Nam | ie) |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

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

| ECT: | (PROPOSED CORP | ORATE NAME – <u>MUST IN</u> | ČĽUDE SUFFIX) |
|-------------------------|--|--------------------------------------|--|
| closed is an original a | nd one (1) copy of the Ar | ticles 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 CO | PY REQUIRED |
| FROM: | David Ocampo | | |
| | N'a | me (Printed or typed) | _ |
| | 9628 NE 2nd Ave, Suite 2A | | |
| | | Address | _ |
| | Miami Shores, FL 33138 | | |
| | | City, State & Zip | _ |
| | 305-962-6888 | | |
| | Dayt | ime Telephone number | _ |
| | david.ocampo23@gmail.con | n | |

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)

| ARTICLET The name of the | he corporation shall be: | r Club, Inc. | | |
|--------------------------|---|---------------------------|--|------------|
| ARTICLE II | PRINCIPAL OFFICE | | | |
| 9628 | Principal <u>street</u> address: 8 NE 2nd Ave, Suite 2A | РО | Mailing address, if different is: PO Box 530172 Miami Shores, FL 33153 | |
| Miar | mi Shores, FL 33138 | Mia | | |
| composed of | or which the corporation is organized youths under the age of 19 who will p | play in local leagues ope | ach soccer to amateur athletes by organizing s rated under the guidelines of the Florida Yout | h Soccer |
| Association (1 | FYSA); 2) to foster national competit | tions by developing trav | el teams composed of youths under the age of | 19, and |
| teams to com | pete in state national amateur soccer | competition in tourname | nts held by the United States Youth Soccer As | ssociation |
| (USYSA). a d | division of the United States Soccer F | rederation (USSF); and . |) to educate parents how to teach youths the s | port of |
| soccer. | | | | |
| | | | At work annu | |
| <u>ARTICLE IV</u> | | | | |
| meeting of Dir | rectors, the Directors shall elect a Boa | ard of Directors, whom s | nall hold office until the next annual meeting. | |
| ARTICLE V | INITIAL OFFICERS AND/OR D | <u> DIRECTORS</u> | | |
| Dav Name and Title: | David Ocampo, President | Name and Titl | Jean Charles, Vice President | |
| Address | 9628 NE 2nd Ave, Ste 2A | Address: | 9628 NE 2nd Ave. Ste 2A | |
| Miami Shores, FL 33138 | | Miami Shores, FL 33138 | | |
| Name and Titl | le: | Name and Titl | e: | |
| Address | | | | |
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| Address | | Address: | | |
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| Name and Title: | | Name and Title: | | |
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| Address _ | | Address: | | |
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| Name and Title:_ | | Name and Title: | | |
| Address | | | | |
| | | | | |
| | | | | |
| | REGISTERED AGENT orida street address (P.O. Box NO | T acceptable) of the registered agent is: | | |
| Name: | David Ocampo | | | |
| Address: | 9628 NE 2nd Ave, Ste 2A | | 2021 Se 1 Ti | |
| | Miami Shores, FL 33138 | | 2025 JUN 24 Secht And | N |
| | 11/20 pp 0 p . M 0 p | | JUN 24 PM 2 | |
| | INCORPORATOR Idress of the Incorporator is: | | SSC PR | |
| Name: | David Ocampo | | PH 2: 10 | O |
| Address: | 9628 NE 2nd Ave. Ste 2A | | LE LE | |
| | Miami Shores, FL 33138 | | | |
| ARTICLE VIII | EFFECTIVE DATE: | (OPTIONA | M.) | |
| (If an afficient | ate is listed, the date must be spe | cific and cannot be more than five days | (C) s prior or 90 days after the filir | ıg.) |
| (ir an effective o | | | | |
| Note: If the date | | et the applicable statutory filing requireme | ents, this date will not be listed a | s the |
| Note: If the date | inserted in this block does not meetive date on the Department of Stat | | ents, this date will not be listed a | s the |
| Note: If the date document's effect | tive date on the Department of Stat | | | |
| Note: If the date document's effect | tive date on the Department of Stat ned as registered agent to accept s | e's records. | orporation at the place designation this capacity | |
| Note: If the date document's effect | tive date on the Department of Statened as registered agent to accept samiliar with and accept the appoint | e's records. service of process for the above stated coment as registered agent and agree to act | orporation at the place designation this capacity | |
| Note: If the date document's effect | tive date on the Department of Stat ned as registered agent to accept s | e's records. service of process for the above stated coment as registered agent and agree to act | orporation at the place designate | |
| Note: If the date document's effect Having been nar certificate, Lam f | ned as registered agent to accept samiliar with and accept the appoint Required Signature of Regiment and affirm that the facts state | service of process for the above stated coment as registered agent and agree to act gistered Agent | orporation at the place designate in this capacity O Q Q Date | ed in th. |
| Note: If the date document's effect Having been nar certificate, Lam f | ned as registered agent to accept samiliar with and accept the appoint Required Signature of Regiment and affirm that the facts state | service of process for the above stated coment as registered agent and agree to act | orporation at the place designate in this capacity O Q Q Date | ed in th. |