OFFICE US DNIF (Deficit) LAZARUS CORPORATE FILING SERVICE (Requestor's Name) 3320 S.W. 87 AVENUE (Address) (Address) (Address) (City, State, Zip) (Phone #) (Phone #)

OFFICE USE ONLY

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Rick up time ___ Walk in Certificate of Status Photocopy Will wait Mail out AMENDMENTS NEW FILINGS Amendment **Profit** Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILNGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Examiner's Initials Other



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 2, 2000

LAZARUS

MIAMI, FL

SUBJECT: LIGHTNING STRIKES SOCCER BOOSTER CLUB II, INC.

Ref. Number: W00000026263

We have received your document for LIGHTNING STRIKES SOCCER BOOSTER CLUB II, INC.. However, the document has not been filed and is being returned for the following:

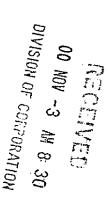
Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

Please return the 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) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 300A00056937



ARTICLES OF INCORPORATION

FOR

LIGHTNING STRIKES SOCCER BOOSTER CLUB B, INC.

Sold Sales

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I NAME:

The name of the corporation shall be:

LIGHTNING STRIKES SOCCER BOOSTER CLUB II, INC.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal and mailing address of this corporation is:

1834 NE 2145 TERR NO. MIAMI BEACH, FL 33179

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

THE CORPORATION SHALL BE A NON-PROPIT, NONSECTARIAN ORGANIZATION FORMED AND OPERATED EXCLUSIVELY FOR EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501 (CX3) OF THE INTERNAL REVENUE CODE, WHICH PURPOSES SHALL INCLUDE THE ACCEPTANCE FROM ANY PARTY PROM TIME TO TIME, OF CONTRIBUTIONS AND THE DERIVING OF INCOME THEREFROM TO BE USED OR APPLIED EXCLUSIVELY DERIVING OF THE SPECIFIED IN SECTION 501 (CX3).

FOR AMY OF THE SPECIFIED IN SECTION 501 (CX3).

The manner in which the directors are elected or appointed is as follows:

Regulated by bylaws of the conformations

ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided the section 617.0302, Florida Statutes, unless limited as follows:

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

LOUIS SAMANIEGO 1834 NE 2145 PERR NO. MIAMI BOH, FL 33179

ARTICLE VII DIRECTORS (must have the minimum of three directors):

LOUIS SAMANIEGO, PRESIDENT/DIRECTOR KLARA SAMANIEGO - DIVECTOR STELLA GIL - DIVECTOR 1834 N. E. 2149 TERR North MIAMI BCH, Al. 35179

ARTICLE VIII INCORPORATOR

The name and street address of the incorporator for these Article of Incorporator is: Louis Samaniego
1834 NE 2145 TERN
NMB, FC 33179

The undersigned incorporator has executed these Articles of Incorporation this 3/ day of ______, 2000

signature S

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. T	he	name	of	the	cor	porat	ion	is:
------	----	------	----	-----	-----	-------	-----	-----

LIGHTNING STRIKES SOCCER BOOSTER CLUB II, INC. (must include suffix)

2. The name and address of the registered agent and office is:

LOUIS SAMANIEGO	SECRE TALLAH	AON 00	
(Name)	TARY ASSE	ည်	**************************************
1834NE 2145 TERR	1933 1907	2	
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	STATE LORID,	Ö	
NMB, FC 33179	A A D	2	
(CITY/STATE/ZIP)			

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE) 3/00/ ZOOC (SIGNATURE)