N02000008050

Capitol Services, Inc.

1406 Hays St., Suite 2

Tallahassee, FL 32301

CR2E031(7/97)

(850) 878-4734 Kathi or Brent

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

FILED 02 OCT 21 PM 12: 31 SECRETATION STATE ALLAHASSEE, FLOOR

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NEW FILINGS		<u>AMENDMENTS</u>	
Profit		☐ Amendment	
Not for Profit		☐ Resignation of R.A., Officer/Director	
☐ Limited Liability		☐ Change of Registered Agent	
□ Domestication		□ Dissolution/Withdrawal	
□ Other		□ Merger	
OTHER FILINGS		REGISTRATION/QUALIFICATION	_=_
☐ Annual Report		□ Foreign 80000847	7098 ——3 n1n44025
□ Fictitious Name		☐ Limited Partnership *****78.7	5 *****78.75
		☐ Reinstatement	
		□ Trademark	

□ Other

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Examiner's Initials

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ARTICLES OF INCORPORATION OF SOUTH FLORIDA BUZZ, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned acting as incorporator of a corporation pursuant to Chapter 617, Florida Statutes, adopts the following Articles of Incorporation:

ARTICLE I - NAME

The name of the corporation is SOUTH FLORIDA BUZZ, INC.

ARTICLE II - PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal place of business and mailing address of this corporation is:

6400 North Andrews Avenue Suite 320 Fort Lauderdale, Florida 33309

ARTICLE III - PURPOSE

The corporation is a broadly based not for profit organization. Its purpose is exclusively charitable, namely, to establish, maintain and operate a little league baseball club for children.

ARTICLE IV - MANNER OF ELECTION OF DIRECTORS

The manner in which directors are selected or appointed is stated in the bylaws.

ARTICLE V - INITIAL BOARD OF DIRECTORS

The names and street addresses of the initial Directors are:

John Leo 600 Douglas Road Pembroke Pines, Florida 33024 Dennis Bueker 600 Douglas Road Pembroke Pines, Florida 33024

Scott Holt 7121 S.W. 42nd Court Davie, Florida 33314

ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and street address of the initial registered agent is:

David R. Lawrence 6400 Andrews Avenue, Suite 320 Fort Lauderdale, Florida 33309

ARTICLE VII - INCORPORATOR

The name and address of the incorporator for these articles of incorporation is:

David R. Lawrence 6400 North Andrews Avenue, Suite 320 Fort Lauderdale, Florida 33309

The undersigned incorporator has executed these articles of incorporation this $\underline{\mathcal{S}}$ day of October, 2002

Signature of Incorporator

David R. Lawrence

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE	

BEFORE ME, the undersigned authority, authorized to take acknowledgements in the State and County set forth above, personally appeared, David R. Lawrence, personally known by me and known to me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this /8 day of October, 2002

MY COMMISSION # CC962615 EXPRES
September 29, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

Linda LaPerna

Notarial Stamp

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SECRETARY UP STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 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 AND REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.) The name of the corporation is:

SOUTH FLORIDA BUZZ, INC.

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

David R. Lawrence 6400 Andrews Avenue, Suite 320 Fort Lauderdale, Florida 33309

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.

David R Lawrence

Date

STATE OF FLORIDA)
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, authorized to take acknowledgements in the State and County set forth above, personally appeared, David R. Lawrence, personally known by me and known to me to be the person who executed the foregoing Certificate of Designation of Registered Agent and registered Office, and he acknowledged before me that he executed this Certificate of designation of Registered Agent and Registered Office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this // day of October, 2002.

Notary Public Signature

Linda LaPerna MY COMMISSION # CC962615 EXPIRES September 29, 2004 BONDED THRU TROY FAIN INSURANCE, INC.

Notarial Stamp