N04000007855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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TRANSMITTAL LETTER

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

SUBJECT: MASTERS FENCING CLUB, 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: MANUEL R. HIRALDO
Name (Printed or typed)

3585 MYSTIC POINTE Dr. - Suite A
Address

AVENTURA, FL 33180
City, State & Zip

786 271 6297
Daytime Telephone number

04 AUG -9 AM 11:31

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

04 AUG -9 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MASTERS FENCING CLUB, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3585 MYSTIC POINTE Dr. - Suite A. Aventura, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To create a fencing club to practice and teach fencing

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Members of the club vote

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

MANUEL R. HIRALDO. 2540 NE 208 Terr. Miami FL 33180 - Director
RAFAEL SUAREZ - 131 SW 117 Av - Ap 304 - Pembroke Pine FL 33025 Direct

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Manuel R. Hiraldo, 3585 Mystic Pointe Dr. Suite A - Aventura - FL 33180
786 - 271-6297

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Manuel R. Hiraldo - 3585 Mystic Pointe Dr - Suite A Aventura FL 33180

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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.

Manuel Hiraldo — Ag. 06-04
Signature/Registered Agent — Date

M Hiraldo — Ag-06-04
Signature/Incorporator — Date