

No6000006185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800075826898

06/07/06--01041--001 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
06 JUN - 7 AM 8:18

**COVER LETTER**

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

SUBJECT: LATINO BASEBALL ACADEMY, 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: ANIBAL DIAZ  
Name (Printed or typed)

1113 ROAN CT.  
Address

Kissimmee, FL 34759  
City, State & Zip

407 334-5890  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
06 JUN -7 AM 8:18

**ARTICLE I NAME**

The name of the corporation shall be:

*LATINO BASEBALL ACADEMY Incorporated.*

**ARTICLE II PRINCIPAL OFFICE**

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

*1113 ROAN CT. Kissimmee, FL 34759.*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*YOUTH BASEBALL*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*Volunteered Committees, Elected President, Vice President, Treasurer, Secretary.*

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

*Anibal Diaz - President  
Rosa Figueroa Vice President  
Mirella Duna Secretary  
MARGARITA DIAZ Treasurer.*

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

*Anibal DIAZ 1113 ROAN CT  
Kissimmee, FL 34759.*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Anibal Diaz  
1113 Roan Ct. - Kissimmee, FL 34759*

\*\*\*\*\*  
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.

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Date

*6-2-06*

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

*6-2-06*