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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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DIVISION OF CORPORATIONS

OF DEC. -6 PM 3: 57

1/4

COVER LETTER

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

\$70.00

Filing Fee

SUBJECT: TAMARAC TOUTH BASKETBALL LEAGUE (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$78.75

Filing Fee

\$87.50

Filing Fee, Certified Copy & Certificate

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

\$78.75

Filing Fee &

Certificate of Status	& Certified Copy	Certified Copy & Certificate	
	ADDITIONAL CO	PY REQUIRED	
FROM: TAMARAC YOUTH BANAME (Pri	ASKETBALL INC nted or typed)	_	
5900 WEST GRAND	DUKE CIRCLE	_	
	TAMARAC FLORIDA 33321		
City, S	City, State & Zip		
954-770-65	954-770-6502		
Daytime Te	lephone 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)

ARTICLE I · NAME

The name of the corporation shall be:

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

TAMARAC YOUTH BASKETBALL LEAGUE INC

06 DEC -6 PM 3: 57

ARTICLE II PRINCIPAL OFFICE

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

TAMARAC COMMUNITY CENTER 8601 W COMMERCIAL BLVD TAMARAC FLORIDA 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TAMARAC YOUTH BASKETBALL IS A LEAGUE WHERE WE TEACH KIDS TO PLAY BASKETBALL.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

BY THE PARANTS IN THE LEAGUE

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

DAVID MUNOZ 5900 W GRAND DUKE CIRCLE TAMARAC FLORIDA 33321 (PRESIDENT)
DERIC OFFICER 6370 NW 89 AVE TAMARAC FLORIDA (VICE PRESIDENT)
CORINA SCOTT 7680 WESTWOOD DRIVE #830 TAMARAC FLORIDA 33321(SECRATARY)
JEANNIE LEHMBECK P.O. BOX 2860 TAMARAC FLORIDA 33321(TREASUER)

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DAVID MUNOZ 5900 W GRAND DUKE CIRCLE TAMARAC FLORIDA 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DAVID MUNOZ 5900 W GRAND DUKE CIR TAMARAC FLORIDA 33321

*************	**********
Having been named as registered agent to accept service of process j	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.
	12/4/06
Signature/Registered Agent	Date
\mathcal{A}	12/4/06
Signature/Incorporator	Date