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COVER LETTER

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

SUBJECT: TEAM VENOM BASEBALL INC FLORIDA NONPROFIT CORPORATION (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original	and one (1) copy of the Art	icles of Incorporation and	d a check for:	İ	
\$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 C	OPY REQUIRED		
FROM:	JUAN HUERGO		∑ ∽	<u></u>	
	Name (P	rinted or typed)		Ξ	
411 SUN-N-LAKES BLVD.			HASS	2011 APR 28	7
	A	Address	<u>M</u> 9		·
LAKE PLACID,FL 33852				₹	TO
City, State & Zip			S. S.	9. 5.	
	863-441-1448				
	Daytime T	elephone number			
	ahuergo_24@l	notmail.com			

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

E-mail address: (to be used for future annual report notification)

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

ARTICLE I The name of the cor	NAME TEAM VENOM BASES poration shall be:	BALL INC.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	/	Mailing address, if different is:
	411 SUN-N-LAKES Blue	<u>′</u> -	SAME
	LAKE PLACID,FL 33852		
RTICLE III	PURPOSE		
	nich the corporation is organized is:		
	ND FOR A YOUTH TRAVEL BASE	BALL TEAM	
RTICLE IV	MANNER OF ELECTION The manner in	which the directors	s are elected and appointed:
/OTE			
RTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS	
Name and Tit	le: JUAN HUERGO CEO		:PAULA DEFORD SECRETARY
Address:	411 SUN-NLAKE BLVD	_ Address:	1717 CHAPELHILL ST.
	LAKE PLACID,FL 33852		LAKE PLACID,FL33852
		_	
	le: CARRIE CARPENTER PRESDENT		: CLAUDIA REGINO TREASURER
Address:	1209 PATRICIA ST	_ Address:	1891 N. EGRET RD.
	SEBRING,FL 33875	_	AVON PARK,FL 33825
Name - 4 Tile	L VEVIN BOND VICE PRESPENT		ANCEL UNEDCO TREASURED
Address:	le: KEVIN BOND VICE PRESDENT 1521 TAMAH BLVD.	Name and Title Address:	: <u>ANGEL HUERGO TREASURER</u> 411 SUN-N-LAKE BLVD.
Address.	LAKE PLACID,FL33852	_ Address.	LAKE PLACID, FL 33852
			
RTICLE VI	REGISTERED AGENT		A C A
ne <u>name and Flor</u>	ida street address (P.O. Box NOT acceptable) o	f the registered age	nt is:
Name:	JUAN HUERGO		
Address:	411 SUN-N-LAKES BLVD.	_	A.A. A
	LAKE PLACID,FL33852		\$2 P
		-	My 9: 43
	INCORPORATOR		
ne <u>name and addi</u> Name:	ress of the Incorporator is: JUAN HUERGO		₹2 .6
Address:	411 SUN-N-LAKES BLVD	-	> 5° £
/ Iddi 0 35.	LAKE PLACID,FL33852	_	
		-	
	d as registered agent to accept service of proce niliar with and accept the appointment as register		
11			4.13.11
	Required Signature of Registered Agent		4. /3 · // Date
		1 am 4-	
	nent and affirm that the facts stated herein are to If State constitutes a third degree felony as provid		
	, no jeton, as provide		
1	. \		4·/3·//
- \ \ \ /	Required Signature of Incorporator		Date