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2011 OCT -6 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To Whom it may concern:

10/4/11

I will not revoke the dissolution of the LLC  
SOUTH FLORIDA HITMEN BASEBALL ASSOCIATION LLC.  
and I am releasing the name to be filed  
by another entity.

Thank you—

Robert J. Hugus.



10/4/11

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TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT: SOUTH FLORIDA HITMEN BASEBALL ASSOCIATION 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: Robert Jason Hugus**  
Name (Printed or typed)

**15459 Whispering Willow Drive**  
Address

**Wellington, FL 33414**  
City, State & Zip

**561-791-1799**  
15459 Whispering Willow Drive  
Phone number

**genakhugus@hotmail.com**  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**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: South Florida Hitmen Baseball Association Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
15459 Whispering Willow Drive  
Wellington, FL 33414

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The objective of the organization is to provide the children an opportunity to compete at the highest levels of travel baseball and increase their self esteem through parental involvement and volunteer commitment. Winning will never become more important than good sportsmanship, positive social interaction and teamwork.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Stated in bylaws.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Jason Hugus President  
Address: 15459 Whispering Willow Drive  
Wellington, FL 33414

Name and Title: Blake Kendall VP  
Address: 3782 Moon Bay Circle  
Wellington, FL 33414

Name and Title: Rosemary Drew Tres.  
Address: 8992 Alexandra Circle  
Wellington, FL 33414

Name and Title: Gena Hugus Sec.  
Address: 15459 Whispering Willow Drive  
Wellington, FL 33414

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

## ARTICLE VI REGISTERED AGENT

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

Name: Robert J. Hugus  
Address: 15459 Whispering Willow Drive  
Wellington, FL 33414


## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert J. Hugus  
Address: 15459 Whispering Willow Drive  
Wellington, FL 33414

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TALLAHASSEE, FLORIDA

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

  
Required Signature of Registered Agent

10-3-2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Required Signature of Incorporator

10-3-2011

Date