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(Requestor's Name) (Address)	200252803202
(Address) (City/State/Zip/Phone #)	10/21/1301033014 **74.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	HE NOV 21 PH 12: 46
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**COVER LETTER** 

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

## SUBJECT: LATIN KEY WEST SOCCER INC

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

\$70.00 Filing Fee

Filing Fee & Certificate of Status ■\$78.75 Filing Fee & Certified Copy

■ \$87.50 Filing Fee, Certified Copy & Certificate

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ADDITIONAL COPY REQUIRED

FROM:	BOLIVAR IGUALAS
1 100101.	Name (Printed or typed)
	6709 SHRIMP RD # 110
	Address
	KEY WEST, FL. 33040
	City, State & Zip
	305-879-3324
	Daytime Telephone number

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

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2013

BOLIVAR IGUALAS 6709 SHRIMP RD #110 KEY WEST, FL 33040

SUBJECT: LATIN KEY WEST SOCCTER INC Ref. Number: W13000058715

We have received your document for LATIN KEY WEST SOCCEER INC and your check(s) totaling \$74.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Soccer

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 013A00024679

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www.sunbiz.org

•		OF INCORI	PORATION S., (Not for Profit)	1. 15 C. 9 E	۶., ۴
ARTICLE J The name of th	e corporation shall be:	WEST SO	CCER INC	IS NOU	ANDE DE LA COMPANY
<u>ARTICLE II</u>	PRINCIPAL OFFICE			21	PA. RAVISION
670	Principal <u>street</u> address: 9 SHRIMP RD # 110		Mailing address, if	different is:	PM 12: 46
KE	Y WEST, FL. 33040				
ARTICLE III The purpose fo	<b><u>PURPOSE</u></b> or which the corporation is organized is: SC	DCCER TI	EAM		
				· · · · · · · · · · · · · · · · · · ·	
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			······································		
ARTICLE IV by A ARTICLE V	greenent Detweer	Presia	e directors are elected and <u>lent and f</u>	- //	dent
Name and Title	BOLIVAR IGUALAS PRESIDENT	Name and Title	SHEL MARIO REYES	.PRESIDENT	
Address	6709 SHRIMP RD #110	Address:	1035 UNITED S	T FRONT	
	KEY WEST, FL. 33040		KEY WEST, F	L. 33040	
Name and Title	B:	- Name and Title		<u></u>	
Address			· · · · · · · · · · · · · · · · · · ·		
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Name and Title:		Name and Title:	
Address _	,,,,,,,,	Address:	
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Name and Title:_		Name and Title:	· · · · · · · · · · · · · · · · · · ·
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_			
	REGISTERED AGENT		
The <u>name and F</u>	lorida street address (P.O. Box NOT accep	table) of the regis	stered agent is:
Name:	CARIDAD R ALEJAND	REZ	
Address:	5611 3RD AVE #6		
	KEY WEST, FL. 33040		

ARTICLE VII	INCORPORATOR
	dress of the Incorporator is:
Name:	BOLIVAR IGUALAS
Address:	6709 SHRIMP RD # 110
	KEY WEST, FL. 33040

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

09/12/2013 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

09/12/2013 Date