

N/A000000Z992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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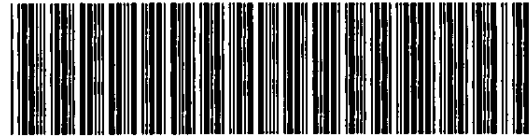
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **HOMESTEAD YOUTH SPORTS CLUB 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: **LUCAS BELMONTES**
Name (Printed or typed)

180 N HOMESTEAD BLVD
Address

HOMESTEAD, FL 33030
City, State & Zip

305-458-0540
Daytime Telephone number

HOMESTEADYOUTHSPORTSCLUB@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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: HOMESTEAD YOUTH SPORTS CLUB INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
180 N HOMESTEAD BLVD

Mailing address, if different is:

HOMESTEAD, FL 33030

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDING YOUTH RECREATIONAL / COMPETITIVE
SPORT ACTIVITIES. FROM AGES 4-18 YEARS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: VOTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUCAS BELMONTES (P) Name and Title: DAVID BELMONTES (VP)

Address: 180 N HOMESTEAD BLVD Address: 180 N HOMESTEAD BLVD
HOMESTEAD, FL 33030 HOMESTEAD, FL 33030

Name and Title: CRUZ CASTILLO (SEC) Name and Title: _____

Address: 180 N HOMESTEAD BLVD Address: _____
HOMESTEAD, FL 33030 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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14 MAR 26 PM 3:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: LUCAS BELMONTES
Address: 180 N HOMESTED BLVD
HOMESTEAD, FL 33030

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUCAS BELMONTES
Address: 180 N HOMESTEAD BLVD
HOMESTEAD, FL 33030

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

Lucas Belmontes
Required Signature of Registered Agent

3/1/14

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.

Lucas Belmontes
Required Signature of Incorporator

3/1/14

Date

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TALLAHASSEE FLORIDA