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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

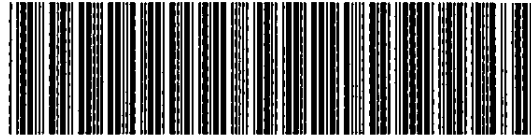
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14 APR -7 AM 9:19

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

[Signature]
4-9-14

COVER LETTER

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

SUBJECT: ChampionShips, 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: **Rayford B. Shipman**
Name (Printed or typed)

6613 Emerald Lake Drive
Address

Miramar, Florida 33023
City, State & Zip

(305) 335-1442
Daytime Telephone number

rship1119@yahoo.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLE I NAME

The name of the corporation shall be: ChampionShips, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6613 Emerald Lake Drive
Miramar, Florida 33023

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ChampionShip's commitment is to using athletics as
a means to reach the youth of South Florida, creating opportunities that will
broaden their mindset and inspire them to reach their full potential. ChampionShips
will provide needed resources, mentoring, tutoring and athletic skill development to various
demographic student bodies across South Florida.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Annually at
November board meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rayford B. Shipman/CEO & President

Address: 6613 Emerald Lake Drive
Miramar, Florida 33023

Name and Title: Rosalind Shipman/Vice President

Address: 6613 Emerald Lake Drive
Miramar, Florida 33023

Name and Title: Raina Shipman/Secretary

Address: 2777 SW Archer Road
Gainesville, Florida 32608

Name and Title: Howard Hodge III/Treasurer

Address: 3360 Bevia Road
Marianna, Florida 32446

Name and Title: Shirelle Wright MBA/

Address: Community Outreach Specialist
7511 Kismet Street
Miramar, Florida 33023

Name and Title: Rayford Shipman II/Srgt. At Arms

Address: 6613 Emerald Lake Drive
Miramar, Florida 33023

Name and Title: Erian Stirrup/Admin. Assistant

Address: 1090 NW 66th Street
Miami, Florida 33150

Name and Title: _____

Address: _____

Name and Title: Joshua Conyers

Address: 16310 NW 23rd Ct.
Miami Gardens, Florida 33054

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: Travis Sands
Address: 10921 NW 22nd Avenue
Miami, Florida 33167

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rayford B. Shipman
Address: 6613 Emerald Lake Drive
Miramar, Florida 33023

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.

[Signature]
Required Signature of Registered Agent

4/1/14
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.

[Signature]
Required Signature of Incorporator

4/2/14
Date