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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gf 8/29/14

COVER LETTER

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

SUBJECT: **LUIS HINES TENNIS FOUNDATION, 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: **LUIS HINES**
Name (Printed or typed)
1250 SW 27 Ave, STE 407
Address
MIAMI, FL 33135
City, State & Zip
305-395-8614
Daytime Telephone number
luishinesphd@hotmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
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: LUIS HINES TENNIS FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
14450 Boggs Drive
Miami, FL 33176

Mailing address, if different is:
1250 SW 27 Ave., Suite 407
Miami, FL 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To introduce the game of tennis to youth between
ages of six and sixteen and teach fundamentals skills of tennis. To
develop their skills through competition and promote positive
character skills through social, cultural, psychological and physical
development.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Through appointment
by Chief Executive Officer/President.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luis Hines/CEO/Pres.

Address: 14005 Jefferson St.
Miami, FL 33176

Name and Title: _____

Address: _____

Name and Title: Jessica Hines/V.P.

Address: 3625 Misty Oak Drive
Melbourne, FL 32901

Name and Title: _____

Address: _____

Name and Title: Luis Hines/Secretary

Address: 14005 Jeffeson St.
Miami, FL 33176

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Name and Title: Luis Hines/Tres. Name and Title: _____
Address: 14005 Jefferson St. Address: _____
Miami, FL 33176 _____

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: Luis Hines
Address: 14005 Jefferson St.
Miami, FL 33176

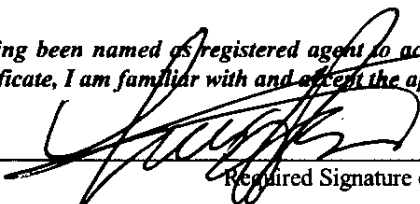
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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Luis Hines
Address: 14005 Jefferson St.
Miami, FL 33176

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

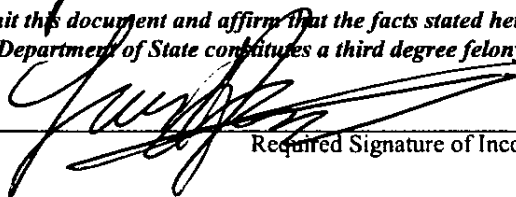


Required Signature of Registered Agent

08/11/14

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.



Required Signature of Incorporator

08/11/14

Date