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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

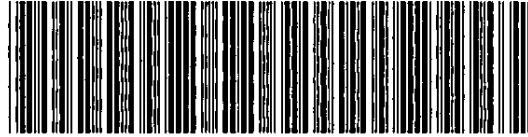
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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MAY 20 2015

SCOTT

15 MAY 18 AM 11:10

## COVER LETTER

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

**SUBJECT:** MIAMI STORM FOOTBALL CLUB, CORP.

(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:** Carlos M. Yanes

\_\_\_\_\_  
Name (Printed or typed)

10630 Washington St. Apt. #104

\_\_\_\_\_  
Address

Pembroke Pines, FL 33025

\_\_\_\_\_  
City, State & Zip

(786) 543-2158

\_\_\_\_\_  
Daytime Telephone number

cayanes12@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: Miami Storm Football Club, Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
10630 Washington St. Apt. #104

Pembroke Pines, FL 33025

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to create a highly competitive soccer team that will focus on training, im  
proving skills, and providing guidance to young soccer players that will help them succeed at a higher level of competition, both  
on and off the field. One of our goals is that our soccer club will serve as a steppingstone for our players to participate in a collegiate  
or professional league in the U.S. or abroad. Our integration of retired soccer players and other professionals who love the sport to our  
team is invaluable to enriching the experience of our players and prospective players. Furthermore, our mission is to foment a drug-  
free and family-oriented environment proliferating camaraderie, teamwork, hard-work, discipline, professionalism, dignity, respect  
and sportsmanship. As well as promoting and enhancing the soccer culture in our area and beyond; and any and all lawful purpose.

**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: Carlos M. Yanes, President

Address 10630 Washington St. Apt. #104  
Pembroke Pines, FL 33025

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

15 MAY 18 AM 11:10  
NOTARY PUBLIC  
STATE OF FLORIDA

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Nelson G. Tovar

Address: 9779 SW 147th PL

Miami, FL 33196

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Carlos M. Yanes

Address: 10630 Washington St. Apt. #104

Pembroke Pines, FL 33025

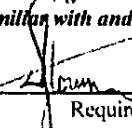
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

05/12/2015

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

05/12/2015

Date