

N15000009438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
MILWAUKEE, WI 53233

SEP 29 2015

W PAINTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2015

OMAR J. MORALES QUINONES ****2nd MAILING****
16714 SARAHS PLACE APT#102
CLERMONT, FL 32714

SUBJECT: BASKETBALL RISING STARS INC.
Ref. Number: W15000053954

We have received your document for BASKETBALL RISING STARS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return 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.

WESTLEE A PAINTER
Regulatory Specialist II

Letter Number: 515A00016906

COVER LETTER

RECEIVED SEP 28 2018

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

SUBJECT: Basketball Rising Stars, 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: Basketball Rising Stars, Inc
Name (Printed or typed)

16714 Sarahs Place Apt 102
Address

Clermont, FL 34714
City, State & Zip

(781) 557-1079
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.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Basketball Rising Stars, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

14714 Sarahs Place Apt. 102
Clermont, FL 34714

Mailing address, if different is:

14714 Sarahs Place Apt. 102
Clermont, FL 34714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this corporation
is to develop the discipline of basketball in children age to
6 years to adult recreational and competitive level.
Our organization will contribute to promote community
physical and mental health getting healthy humans

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: These were initially
chosen in accordance with regulations established by the organization and its
description. Similarly they have been chosen for their professional and trust
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS worthy qualities.

Name and Title: <u>Onur Morales / Director</u>	Name and Title: <u>Juan Del Toro / Administrator</u>
Address: <u>14714 Sarahs Place Apt. 102</u>	Address: <u>14081 Old Ash Loop</u>
<u>Clermont, FL 34714</u>	<u>Orlando, FL 32828</u>

Name and Title: <u>Dolymur Gaud - Seda</u>	Name and Title: <u>Aglaeth De Jesus / Secretary</u>
Address: <u>Treasurer</u>	Address: <u>14714 Sarahs Place Apt. 102</u>
<u>14431 Meredew Ln</u>	<u>Clermont, FL 34714</u>
<u>Clermont, FL 34711</u>	

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

FILED
15 SEP 23 PM 8:40
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

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: Joan M. Del Toro

Address: 16081 Old Ash Loop

Orlando, FL 32828

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Omar Morales

Address: 16714 Sarahs Place Apt 102

Clermont, FL 34714

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

9/21/2015

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

9/21/2015

Date

15 SEP 23 PM 4:40
CLERK OF STATE
TALLAHASSEE, FLORIDA