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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

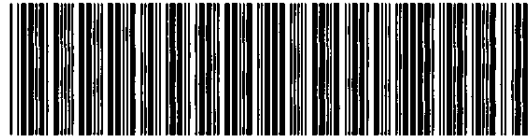
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4. Burch 10/17 7:15 PM

## COVER LETTER

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

SUBJECT: SOUTH FLORIDA COURT CRASHERS 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: SALVATORE BELARDO  
Name (Printed or typed)

14629 SW 104 STREET, #466  
Address

MIAMI, FL 33186  
City, State & Zip

954-274-6082  
Daytime Telephone number

APSB19@bellsouth.net  
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: SOUTH Florida Court Crashers Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

14629 SW 104 Street, #466

Miami, FL 33186

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO ASSIST CHILDREN to participate  
And compete in basketball while traveling outside of our  
community and learning good sportsmanship, building strong  
character and a hard work ethic.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Self Appointed

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SALVATORE Belardo/President Name and Title: \_\_\_\_\_

Address 14629 SW 104 ST, #466 Address: \_\_\_\_\_

Miami, FL 33186

Name and Title: Todd Stauffer/Vice President Name and Title: \_\_\_\_\_

Address 106 E. Pembrooke Rd. Address: \_\_\_\_\_

Hollandale Beach, FL 33009

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 OCT -2 PM 4:09

FILED

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: SALVATORE Belardo

Address: 14629 SW 104 ST., #466  
Miami, FL 33186

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: SALVATORE Belardo

Address: 14629 SW 104 ST., #466  
Miami, FL 33186

**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

9/29/15  
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

9/29/15  
Date