

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205

Phone : (305)416-6800

Fax Number : (305)416-6811

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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16 APR 25 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

Conquistadors Booster Club, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

16 APR 25 AM 10:30

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DIVISION OF CORPORATIONS

APR 26 2016

T. SCOTT

04/25/2016 09:51
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4/22/2016 9:19:55 AM

ADAMS GALLINAR PA
PAGE 1/001

Fax Server

PAGE 02/05



April 22, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AGI REGISTERED AGENTS, INC.

SUBJECT: CONQUISTADORS BOOSTER CLUB, INC.
REF: W16000029738

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Non profit corporations do not have shareholders, please remove any reference to shareholders from the Articles.

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.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H16000098567
Letter Number: 316A00008355

04/25/2016 09:51

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PAGE 03/05

COVER LETTER

((H16000098567 3)))

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

SUBJECT: CONQUISTADORS BOOSTER CLUB, 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: ADAMS GALLINAR, P.A.

Name (Printed or typed)

1000 Brickell Avenue, Suite 300

Address

Miami, Florida 33131

City, State & Zip

305-416-6800

Daytime Telephone number

dhernandez@agilaw.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAME CONQUISTADORS BOOSTER CLUB, INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1000 Brickell Avenue

Suite 200

Miami, Florida 33131

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide guidance, assistance and support to the "Conquistadors Water Polo Club" (the "Club Team"). The members of the Corporation shall be the parents and/or legal guardians of the water polo players who join the Club Team, as well as any other parties interested in assisting the Club Team and/or its water polo players.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as specified in the By-Laws of the Corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raul Herrero, Director

Address: 7590 SW 60 Street
Miami, Florida 33143

Name and Title: Manuel Irimia, Director

Address: 6830 SW 95 Avenue
Miami, Florida 33173

Name and Title: Aimee Cibrán, Director

Address: 5766 SW 50 Street
Miami, Florida 33155

Name and Title: Juan Torres, Director

Address: 9515 SW 117 Court
Miami, Florida 33186

Name and Title: Robert R. Adams, Director

Address: 1000 Brickell Avenue, Suite 300
Miami, Florida 33131

Name and Title: _____

Address: _____

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PAGE 05/05

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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: AGI Registered Agents, Inc.

Address: 1000 Brickell Avenue, Suite 300

Miami, Florida 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert R. Adams, Esq.

Address: 1000 Brickell Avenue, Suite 300

Miami, Florida 33131

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

4/20/16
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

4/20/16
Date

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