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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

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

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

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JANUARY 1, 1900

5/12/16

## COVER LETTER

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

**SUBJECT:** National American Athlete Association 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:** Mike Cline  
\_\_\_\_\_  
Name (Printed or typed)  
  
1825 NW Corporate Blvd  
\_\_\_\_\_  
Address  
  
Boca Raton, FL 33431  
\_\_\_\_\_  
City, State & Zip  
  
561-212-9180  
\_\_\_\_\_  
Daytime Telephone number

JoinNAAANow@gmail.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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: National American Athlete Association Inc.

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**ARTICLE II PRINCIPAL OFFICE**

16 MAY -5 PM 2:51

Principal street address:  
1825 NW Corporate Blvd

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Boca Raton, FL 33431

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To provide Education assistance, coaching and guidance.

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

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

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

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

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

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

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

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

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: Melanie Milo

Address: 1825 NW Corporate Blvd

Boca Raton, FL 33401

**ARTICLE VII INCORPORATOR**

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

Name: Mike Cline

Address: 1825 NW Corporate Blvd

Boca Raton, FL 33401

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

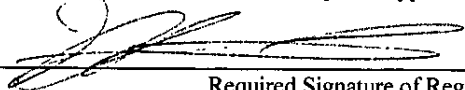
**ARTICLE VIII EFFECTIVE DATE:**

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.

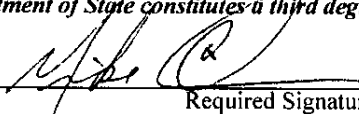
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature of Registered Agent

26 Apr 2016  
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

26 Apr 2016  
Date