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## **COVER LETTER**

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

SUB IFCT:	BJECT: SOUTH FLORIDA BASKETBALL, INC.  (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
SODJECT						
Enclosed is an o	riginal and one (1)	copy of the Articles	s of Incorporation and a	check for:		
\$70.0 Filing Fe	00 <b>T</b> :	\$78.75 ng Fee & tificate of	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate		
			ADDITIONAL COR	Y REQUIRED		
F	FROM:	RODERICK L. D	AYS			

Address

MIAMI, FLORIDA 33055

City, State & Zip

305-904-4016

Daytime Telephone number

DA3607@AOL.COM

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

18663 NW 54TH PLACE

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

Name (Printed or typed)

## **COVER LETTER**

SOUTH FLORIDA BASKETBALL, INC.

Reference # W160000 67040

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

SUBJECT:	JECT:				
	(PROPOSED CORPO	CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )			
Enclosed is an original and	one (1) copy of the Art	icles 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:	RODERICK L. DAYS FROM:				
Name (Printed or typed)  18663 NW 54TH PLACE					

MIAMI, FLORIDA 33055

305-904-4016

DA3607@AOL.COM

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

City, State & Zip

Daytime Telephone number

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

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

	NAME corporation shall be:	SOUTH FLORIDA BASKETBALL, INC.					
ARTICLE II	PRINCIPAL OFFICE				333 1 0	1 PM	*
	Principal <u>street</u> address: 18663 NW 54TH PLAC	CE	Mailing address	s, if different	t is:OKE	1 2: 40	
	MIAMI, FL 33055	5	,		Ď		
= =	PURPOSE which the corporation is organize AND MANAGE OPERATIONS	·			GANIZA	TION	
organi	MANNER OF ELECTION T Lected by PO Lation Bu INITIAL OFFICERS AND/OR	z Laws.	rectors are elected and a	ppointed:	Dire sua	eci mt	tor
Organ ARTICLE V	INITIAL OFFICERS AND/OR  RODERICK L.DAYS, PRES	DIRECTORS	rectors are elected and a Players			e ci	tor
IRTICLE V	INITIAL OFFICERS AND/OR	DIRECTORS				eci vyt	tor
Name and Title	INITIAL OFFICERS AND/OR  RODERICK L.DAYS, PRES  18663 NW 54TH PLACE  MIAMI, FL. 33055	クレルンS・ <u>DIRECTORS</u> Name and Tit	le:			nt	tor
Name and Title	INITIAL OFFICERS AND/OR  RODERICK L.DAYS, PRES  18663 NW 54TH PLACE  MIAMI, FL. 33055	DIRECTORS  Name and Tit  Address:	le:			e Ci	tor
Name and Title	RODERICK L.DAYS, PRES  18663 NW 54TH PLACE  MIAMI, FL. 33055  JOSEPH CALAMARO	DIRECTORS   Name and Tit	le:			e Ci	tor
Name and Title Address  Name and Title	INITIAL OFFICERS AND/OR  RODERICK L.DAYS, PRES  18663 NW 54TH PLACE  MIAMI, FL. 33055  JOSEPH CALAMARO  3970 SW 72ND DRIVE	DIRECTORS  Name and Tit  Address:  Name and Tit  Address:  Address:	le:			e Ci	tor
Name and Title Address	RODERICK L.DAYS, PRES  18663 NW 54TH PLACE  MIAMI, FL. 33055  JOSEPH CALAMARO  3970 SW 72ND DRIVE  DAVIE, FL 33314	DIRECTORS  Name and Tit  Address:  Name and Tit  Address:  Address:	le:			e Ci	tor

Name and Title:		Name and Title:	<del></del>
Address _		Address:	
-			<del></del>
Name and Title:		Name and Title:	<del>.</del>
Address _		Address:	
_			
-			_
ARTICLE VI	REGISTERED AGENT	•	
	<u>lorida street address</u> (P.O. Box <b>NOT</b> accep	eptable) of the registered agent is:	
Name:	RODERICK L. DAYS		
Address:	18663 NW 54TH PLACI	E :	De Care American
	MIAMI, FL 33055		78 <b>6</b>
	INCORPORATOR		
The name and a	ddress of the Incorporator is:		R 2
Name:	RODERICK L. DAYS		<b>77 2: 4.1</b> OF STATE  FLORIDA
Address:	18663 NW 54TH PLAC	CE	BE +
	MIAMI, FL 33055		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if (If an effective of after the filing.)		. (OPTIONAL)  and cannot be more than five business days prior or 9	90 business days
	e inserted in this block does not meet the ap ctive date on the Department of State's reco	applicable statutory filing requirements, this date will no cords.	t be listed as the
		e of process for the above stated corporation at the pla as registered agent and agree to act in this capacity	ice designated in this
God	willedas	, lo 7	16
	Required Signature of Registered	d Agent Da	te
	cument and affirm that the facts stated here nt of State constitutes a third degree felony	rein are true. I am aware that any false information sub y as provided for in s.817.155, F.S.	omitted in a document
ROO	willedae	x 10/1	7/16
	Required Signature of Incor	rporator Di	ate t