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SCCAL JARY @1STATE ALL AHASSEE FLORIDA

COVER LETTER

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

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

130 AVECSE Apt. 86

Winter Haven, FL 33880 City, State & Zip

Unlimited Sportstraining 2017@gmail. (on

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2017

PATRICK HORNE, SR 130 AVE CSE APT 86 WINTER HAVEN, FL 33880

SUBJECT: UNLIMITED SPORTS ACADEMY, INC.

Ref. Number: W17000074740

We have received your document for UNLIMITED SPORTS ACADEMY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 317A00018965



ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporation shall be: Unlimited	Sports Academy, I	MC.		
ARTICLE II PRINCIPAL OFFICE				
Principal street address: 130 AVL C SE APL. 8	Mailing address, if differences of American Mailing address of American Mailing ad	ent is:	<u> </u>	<u>1</u>
Winter Howen, FL 3	3300			-
The purpose for which the corporation is organized is:	Inlimited Sports Acad	leny	is to	<u>.</u>
assist student athletes to and through training and achieve and Ehgace	d development, help the	em!	h	- -
			· <u> </u>	
The Key(s) to succe student in the great	hey are infinding to su	cced in	sciple:	<u>s</u> r : J.C
ARTICLE IV MANNER OF ELECTION The mann half be named by the Board, and subseben approved by the Board to run for ARTICLE V INITIAL OFFICERS AND/OR DIRECT	r the particular office.	The In: ngjority v	tial Dir vafe after	ector hauna
Name and Title: Drucilla Silar Board B Address 130 Ave C SE Apt 8 Winter Havin, FL 338	B6 Address:	SECTELANASS	17. OCT -6	İ
Name and Title: TANIUS Home/Board Direct Address 130 Ave CSE Apt 8 Winter Haven, FL 33	Address:	EE FLOKEDA	9: 18:	
Name and Title: Address	Name and Title:Address:			

Address	Address:	
 		_
Name and Title:	Name and Title:	
Address	Address:	
		1
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept	table) of the registered agent is:	
Name: Patrick Horne, SR	, 	
Name: Patrick Horne, SR 130 Ave CSE Apt Winter Haven FL 33	F. 86	σ = 1
Winter Haven, FL 33	7980 	OCT
ARTICLE VII INCORPORATOR	in the second se	7-6
The name and address of the Incorporator is: Name: Patrick Horne, SR	ָרָה הייז בייז	5 A 9
Name: Patrick Horne, SR Address: 130 Ave CSE Ap Winter Haven, FL	1.06	-6 M 9: 1-6
Winter Haven, FL.	<u>339</u> 80	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and	. (OPTIONAL) d cannot be more than five days prior or 90 days	after the filing.)
<u>Note:</u> If the date inserted in this block does not meet the app document's effective date on the Department of State's recordinate.		not be listed as the
Having been named as registered agent to accept service of certificate, I am familiar with and accept the appointment as		olace designated in this
Required Signature of Registered A	Agent D	Date
I submit this document and affirm that the facts stated herein to the Department of State constitutes by third degree felony a	in are true. I am aware that any false information si as provided for in s.817.155, F.S.	ubmitted in a document
Required Signature of Incorp	norator I	Date