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| Special Instructions to | Filing Officer: | |
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Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2017

RICHARD A. BERGER 4300 ALTON ROAD, SUITE 2070 MIAMI BEACH, FL 33141

SUBJECT: MIAMI BEACH HIGH SCHOOL ATHLETIC ALUMNI ASSOC. CORP.

Ref. Number: W17000086172

We have received your document for MIAMI BEACH HIGH SCHOOL ATHLETIC ALUMNI ASSOC. CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 017A00021749

COVER LETTER

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

| SUBJECT: | Miami Beach High School Athletic Alumni Assoc. corp. | | | |
|----------|--|--|--|--|
| | (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

| Richard A. Berger | | |
|-----------------------------|--|--|
| Name (Printed or typed) | | |
| 4300 Alton Road, Suite 2070 | | |
| Address | | |
| Miami Beach, Fl. 33141 | | |
| City. State & Zip | | |
| 305-674-2609 | | |
| Daytime Telephone number | | |
| rbe55555@aol.com | | |
| | | |

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 1 NAME The name of the corporation shall be: Miami Bea | ach High School Athlete-Alumni Association | Corp. |
|--|---|---------------------------------|
| ARTICLE II PRINCIPAL OFFICE | | |
| Principal <u>street</u> address: | Mailing address, if di | ifferent is: |
| 5225 Fisher Island Dr. | | |
| Miami Beach, Fl. 33109 |) | |
| Organize former and present or involved with the Athlit: Raise funds to support The A DEPAT. ARTICLE IV MANNER OF ELECTION of the members | The manner in which the directors are elected and appoint | who were Athlete :: |
| Name and Title: Richard A. Berger | Name and Title: | |
| Address 5225 Fisher Island I Miami Beach, Fl. 33 | Or. Address: | |
| | Name and Title: | |
| Address <u>11 Island Ave. Apt.</u> | 505. Address: | · · · · · · · · · · · · · · · · |
| _Miami Beach, Fl. 3 | | |
| Name and Title: | Name and Title: | |
| Address | Address: | |
| | | |

| | | L TOV. | | |
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| Name and Title:_ | | Name and Title: | - | |
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| Name and Title:_ | | Name and Title: | _ | |
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| | | | - | |
| ARTICLE VI | REGISTERED AGENT | | | |
| | orida street address (P.O. Box NOT acce | ptable) of the registered agent is: | | |
| Name: | T. Richard A. Berger | · . | 17 | |
| Address: | 5225 Fisher Island Dr. | · · · · · · · · · · · · · · · · · · · | 17 NOV | i |
| | Miami Beach, Fl. 33109 | · · · · · · · · · · · · · · · · · · · | $\frac{1}{\omega}$ | - |
| ADTRICT TOUR | INCARDAR ITAR | . · · · · · · · · · · · · · · · · · · · | , ⊋ _ | 7 |
| | INCORPORATOR dress of the Incorporator is: | | 4: 42 | j |
| Name: | Richard A. Berger, Fou | inder; | ; 2 | |
| Address: | 5225 Fisher Island Dr. | ~ <u>~</u> | | |
| | Miami Beach, Fl. 33109 |) | | |
| ARTICLE VIII | EFFECTIVE DATE: | | | |
| | | (OPTIONAL) ad cannot be more than five days prior or 90 days after | r the filing.) | |
| (| | | | |
| | inserted in this block does not meet the ap ive date on the Department of State's reco | plicable statutory filing requirements, this date will not be | e listed as the | |
| document's effect | ive date on the Department of State's reco | nus. | | |
| Having been nan | ned as registered agent to accept service | of process for the above stated corporation at the place s registered agent and agree to act in this capacity | designated in this | S |
| | 1/ 1// | | 70.4 | |
| | Required Signature of Registered | Agent Date | <u> </u> | |
| I submit this docu | ment and affirm that the facts stated here | in are true. I am aware that any false information submit | tted in a documen | ſ |
| to the Department | of State constitutes a third degree felony | as provided for in s.817.155. F.S. | 1 | |
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