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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				





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SELIKE (ART): ... TALLAHASSEE, ET GREE



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APR 02 2018

COVER LETTER

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

SUBJECT: Team Phoeni	x Wrestling INC. (PROPOSED CORPO	ORATE NAME – <u>MUST INC</u>	CLUDE SÜFFIX)
Enclosed is an original a \$70.00 Filing Fee	☐ \$78.75 Filing Fee &	\$78.75 Filing Fee	□ \$87.50 Filing Fee.
	Certificate of Status	& Certified Copy ADDITIONAL CO	Certified Copy & Certificate PPY REQUIRED
FROM:	Anthony Fadelle		
	Name (Printed or typed) 10800 sw 156 street Address		
	Miami, Fl 33157		

786-606-1890

teamphoenixmia@gmail.com

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

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

City, State & Zip

Daytime Telephone number

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

ARTICLE II	PRINCIPAL OFFICE					
7460 sv	Principal <u>street</u> address: v 118th street	108	Mailing address, if diff	erent is:		
Pinecre	st, Fl 33156	Mi	Miami, Fl 33157			
to participate in		and internationally	unity for the youth in the sur while also allowing different			
ARTICLE IV	MANNER OF ELECTION The man	ner in which the dire	ectors are elected and appointe	d: Annual	Meetin	ıg
	MANNER OF ELECTION The man		ectors are elected and appointe	d: Annual	Meetin	ıg
ARTICLE V			Stephen Cain, Director	d: Annual	Meetin	g
ARTICLE V Name and Title:	INITIAL, OFFICERS AND/OR DIREC	CTORS	Stephen Cain, Director	d: Annual	Meetin	g
ARTICLE V Name and Title: Address	INITIAL OFFICERS AND/OR DIRECT	<u>TORS</u> Name and Title	Stephen Cain- Director	d: Annual	Meetin	ıg
ARTICLE V Name and Title: Address	INITIAL OFFICERS AND/OR DIRECT Anthony Fadelle- President 10800 sw 156 street	Name and Title Address:	Stephen Cain- Director 1 SE 3rd Ave Miami, Fl 33131	d: Annual	- 18	ıg
ARTICLE V Name and Title: Address - Name and Title:	INITIAL OFFICERS AND/OR DIRECT Anthony Fadelle- President 10800 sw 156 street Miami, Fl 33157	Name and Title Address: Name and Title	Stephen Cain- Director I SE 3rd Ave	All All	 - -	ıg
Name and Title: Address Name and Title: Address	INITIAL OFFICERS AND/OR DIRECT Anthony Fadelle- President 10800 sw 156 street Miami, Fl 33157 Richard Alexander- Vice President	Name and Title Address:	Stephen Cain- Director 1 SE 3rd Ave Miami, Fl 33131	Annual d: AL:LAHABSEL.	18 HAR 27	
Name and Title: Address Name and Title: Address	INITIAL OFFICERS AND/OR DIRECT Anthony Fadelle- President 10800 sw 156 street Miami, Fl 33157 Richard Alexander- Vice President 9436 sw 185 terrace	Name and Title Address: Name and Title Address: Address:	Stephen Cain- Director I SE 3rd Ave Miami, Fl 33131	Annual AlluAHABSEE, Filtrick	18 HAR 27 AH 9:	
Address Name and Title: Address Name and Title: Address Name and Title:	INITIAL OFFICERS AND/OR DIRECT Anthony Fadelle- President 10800 sw 156 street Miami, Fl 33157 Richard Alexander- Vice President 9436 sw 185 terrace Miami, Fl 33157	Name and Title Address: Name and Title Address: Address:	Stephen Cain- Director 1 SE 3rd Ave Miami, Fl 33131	ALUAHASSEL, TL	18 KAR 27 AH	

Name and Title:		Name and Title:
Address	,	Address:
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N 1 1 17114		Name and Title:
		Name and Title:
Address _		Address:
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-		
ARTICLE VI	REGISTERED AGENT	
The <u>name and F</u>	Torida street address (P.O. Box NOT acception of the Anthony Fadelle	Mable) of the registered agent is:
Name:		
Address:	10800 sw 156 street	_
	Miami, Fl 33157	
		₩
ARTICLE VII	INCORPORATOR	LAHA LAKE I
The <u>name and a</u>	ddress of the Incorporator is: Anthony Fadelle	R 27 R 27 HASSI
Name:		
Address:	10800 sw 156 street Miami, Fl	
	Astracto	<u> </u>
ABTICLEMAN	verective pere	ü.
Effective date, i	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)
(If an effective	date is listed, the date must be specific an	d cannot be more than five days prior or 90 days after the filing.)
Note: If the dat document's effe	te inserted in this block does not meet the ap- ective date on the Department of State's reco	oplicable statutory filing requirements, this date will not be listed as the ords.
Having been no	amed as registered agent to accept service	of process for the above stated corporation at the place designated in
certificate, I am	familiar with and accept the appointment a	is registered agent and agree to act in this capacity
	The odelle	3/16/2018
	Required Signature of Registered	Agent Date
	cument and affirm that the facts stated here	rin are true. I am aware that any false information submitted in a docur
to the Departme	ent of State constitutes a tutra aexrec reconv	us provincu joi in sioi vi i sa, i i si
to the Departme	ent of State constigutes a third degree felony	3/16/2018