

Aug 11 18:04:58p
8/11/2018

BUSINESS WORLD TRANS

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305)803-2736
Fax Number : (305)646-1527

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ASOFUTBOL INTERNATIONAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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DIVISION OF CORPORATIONS
COMMERCIAL
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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

ARTICLE I NAMEThe name of the corporation shall be: ASOFUTBOL INTERNATIONAL, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address:3399 N.W. 72 AVENUESUITE 208BMIAMI, FL. 33122

Mailing address, if different is:

3399 N.W. 72 AVE.SUITE 208BMIAMI, FL. 33122**ARTICLE III PURPOSE**

F.G. The purpose for which the corporation is organized is: A SOCCER SCHOOL MOSTLY FOR CHILDREN WITH AUTHISM.
FUNDS WILL BE COLLECTED THROUGH DONATIONS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: AN ANNUAL MEETING.

F.G. Directors and Officers shall be chosen by
A - Majority of directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: FERNANDO GARCIA D/PAddress: 3399 N.W. 72 AVE.SUITE 208BMIAMI, FL. 33122Name and Title: ALEYDA P. SALAS DVPAddress: 3399 N.W. 72 AVE.SUITE 208BMIAMI, FL. 33122Name and Title: ROBINSON HERNANDEZ D/S/TAddress: 3399 N.W. 72 AVE.SUITE 208BMIAMI, FL. 33122

18 AUG 13 AM 9:14
SECRETARY OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

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: FERNANDO GARCIAAddress: 3399 N.W. 72 AVE #208BMIAMI, FL. 33122**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FERNANDO GARCIAAddress: 3399 N.W. 72 AVE. #208BMIAMI, FL. 33122**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 days prior or 90 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

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

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DIVISION OF CORPORATION
DATE
08/11/2018
Date