

N180000009888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

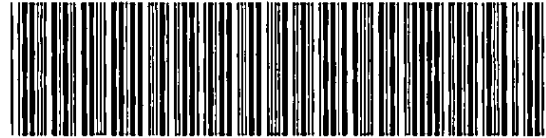
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SEP 14 11 11 AM '18  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Midnight Allstars Academy 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

FROM: CALYN JACONETTA  
Name (Printed or typed)

15868 SW 139TH STREET  
Address

MIAMI, FLORIDA 33196  
City, State & Zip

973-725-1691  
Daytime Telephone number

cjaco042@fiu.edu  
E-mail address: (to be used for future annual report notification)

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 I NAME**

The name of the corporation shall be: Midnight Allstars Academy Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 2451 SE 19th Street Mailing address, if different is: \_\_\_\_\_  
Homestead, Florida \_\_\_\_\_  
33035 \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: bring together kids of  
the community to help them with basketball  
skills and valuable life lessons. Money we  
obtain goes toward our tournament and  
travel fees.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Through a  
vote by CAINN Jaconetta and Budjames Louis

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Budjames Louis Director</u>	Name and Title:	<u>CAINN Jaconetta Director</u>
Address	<u>2451 SE 19th Street</u>	Address:	<u>15868 SW 139th Street</u>
	<u>Homestead, FL</u>		<u>MIAMI, FL</u>
	<u>33035</u>		<u>33196</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

18 SEP 14 PM 12:21  
HOMESTEAD, 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: Bud James Louis  
Address: 2451 SE 19th Street  
Homesead, Fl 33035

18 SEP 14 PM 12:21  
DEPT. OF STATE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: CALYN JACONETTA  
Address: 15868 SW 139th Street  
Miami, FL 33196

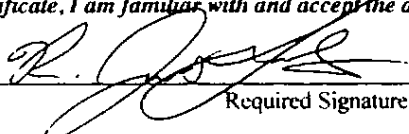
**ARTICLE VIII EFFECTIVE DATE:**

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.)

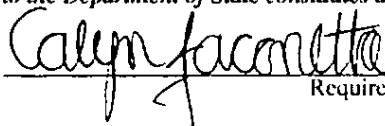
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

9/11/18  
Date

*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

9/11/18  
Date