# 1800011335

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

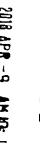
APR 1 : 2013 T. SCOTT



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SECRETARY OF STALE ALLAHASSEE, FLORIGA



## **\**

### **COVER LETTER**

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

	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
_		ticles of Incorporation and	
☐ \$70.00 Filing Fee	□ \$78.75 Filing Fee &	□\$78.75 Filing Fee	S87.50 Filing Fee.
rining i cc	Certificate of Status	& Certified Copy	•
		ADDITIONAL COPY REQUIRED	

9300 S Dadeland Blvd, 4th Floor

Miami Fl. 33156

Daytime Telephone number

jbosch@qpwblaw.com

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

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

Address

City, State & Zip

### ARTICLES OF INCORPORATION

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

The name of the	NAME accorporation shall be: 305 VOLLEYB.	ALL CLUB, CORP.	
<u>ARTICLE II</u>	PRINCIPAL OFFICE		
11390	Principal <u>street</u> address: 0 NW 83RD WAY	Mailing address	, if different is:
DOR	AL, FL. 33178		
ARTICLE III The purpose for	PURPOSE or which the corporation is organized is	To provide sports training and for social we	Hare purposes.
byławs.  ARTICLE V			
Name and Title		Name and Title:	
Address	11390 NW 83RD WAY	Address:	1
	DORAL, FL. 33178		
Name and Title	e:	Name and Title:	17A 26
Address			ECK
			-9 -9
Name and Title		Name and Title:	E FLOGE ST. C.
Address			20 t 15
			<u></u>

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Name and Title.	<del></del>	Name and Title:	
Address		Address:	
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Name and Title:_		Name and Title	<u> </u>
Address		Address:	<u> </u>
-	<del></del>	<u></u>	
_			
ARTICLE VI	<u>REGISTERED AGENT</u>		
	orida street address (P.O. Box NOT acce	eptable) of the registered agent is:	
Name:	ALAN OBRADOR		
Address:	11390 NW 83RD WAY		
	DORAL, FL. 33178		l [
	INCORPORATOR Idress of the Incorporator is:		
	ALAN OBRADOR		
Name:	11390 NW 83RD WAY		
Address:	DORAL, FL. 33178	<del></del>	1
	DORAL, I.E. 33176	···	1
ARTICLE VIII	EFFECTIVE DATE: other than the date of filing:	(OUTION )	
(If an effective d	ate is listed, the date must be specific a	nd cannot be more than five days prior	r or 90 days after the filing.)
	n		
	inserted in this block does not meet the a tive date on the Department of State & rec		his date will not be listed as the
Having been nar	ned as registered agent to accept service andliar with and ageopt the appointment	of process for the above stated corpora	tion at the place designated in this
cernyicale, r am j	amatar win and accept the appointment	us regisierea ageni anu agree io aci in ioi A	
	Regulated Signature of Registeres	Agent	1,3/2018 Date
	iment and affirm that the facts hated the		aformation submitted in a document
to the Departmen	t of State defisitiutes a thribategree fullpsy	as provided for in s.817.155, F.S.	
	//		4/3/208
	Required Signatury of Inco	rporator	Date
	' // (/		



#### QUINTAIROS, PRIETO, WOOD & BOYER, P.A.

Attorneys at Law

WWW.QPWBLAW.COM

9300 South Dadeland Boulevard, 4<sup>th</sup> Floor Miami, Florida 33156 Telephone: (305) 670-1101 Facsimile: (305) 670-1161 <u>hrivera@qpwblaw.com</u>

April 4, 2018

Department of State Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

RE: 305 Volleyball Club

Dear Sir or Madam:

Please see attached my client's Articles of Dissolution of Limited Liability Company and their Articles of Incorporation for a Florida Non for Profit Corporation. Also, attached are checks number 1110 in the amount of \$55.00, and number 1112 in the amount of \$7.50, both made payable to Florida Department of State. We called your office and were advised to submit both documents this way in order to be able to use the name "305 Volleyball Club".

Should you have any questions, please do not hesitate to contact the undersigned.

Respectfully,

Cristina H. Villar Cristina H. Villar

CHV/his

Enclosures: as stated above