

N19 000000998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

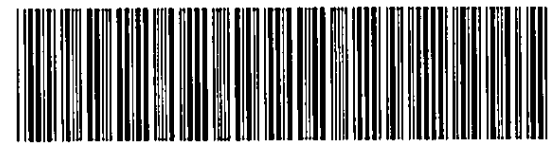
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JAN 22 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: TEAM MAFA KEEPERS, INC.

(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: Angel Colon

Name (Printed or typed)

4998 Milano St.

Address

Ave Maria, Fl. 34142

City, State & Zip

(239)877-3632

Daytime Telephone number

angelcolon1@gmail.com

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: TEAM MAFA KEEPERS, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4181 MADISON ST.

AVE MARIA, FL. 34142

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this corporation is to be a not for profit corporation under Chapter 617, Florida Statutes, and to promote and support the competitive taekwondo team at the Martial Arts Fitness Academy of Ave Maria through fund raising and any other activity that would enhance and foster the competitive team's participation in any future competition or tournament.

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2019 JAN 22 PM 4:17
SECRETARY OF STATE
TALLAHASSEE FL
Voting set by Bylaws

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronny Lambotte, President

Address: 4181 Madison St.
Ave Maria, FL. 34142

Name and Title: Jade Cheney, Vice President

Address: 4396 Steinbeck Way
Ave Maria, FL. 34142

Name and Title: Angel Colon, Treasurer

Address: 4998 Milano St.
Ave Maria, FL. 34142

Name and Title: Iris Gonzalez, Secretay

Address: 5428 Cameron Dr.
Ave Maria, FL. 34142

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Ronny Lambotte
 Address: 4181 Madison St.
Ave Maria, FL. 34142

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 TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Angel Colon
 Address: 4998 Milano St.
Ave Maria, FL. 34142

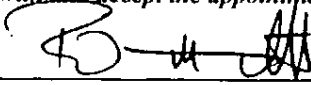
ARTICLE VIII EFFECTIVE DATE:

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

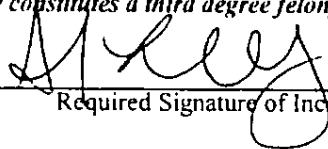


Required Signature of Registered Agent

1/17/19

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

1/9/19

Date