

N190000003182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

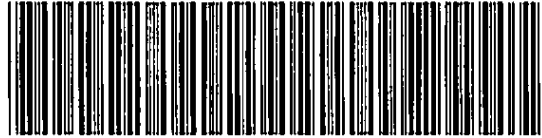
(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: New Age Ballers 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 Unzalu

Name (Printed or typed)

17840 sw 4th ct

Address

Pembroke Pines, FL 33029

City, State & Zip

727 510 3301

Daytime Telephone number

newageballers01@gmail.com

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

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

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: NEW AGE Ballers LLC.
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Angel Unzalu
Contact Person

NEW AGE Ballers
Firm/Company

17840 S.W. 4th CT
Address

Pembroke Pines, FL 33029
City, State and Zip Code

newageballers01@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angel Unzalu at (727) 510-3301
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
~~Now~~ into
Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

NEW AGE Ballers

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited liability company
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on 1/22/2018
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

NEW AGE Ballers, LLC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 3/22/19
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signed this 22 day of March, 2019.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Angel Unzueta

Printed Name: Angel Unzueta Title: AMBR

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]

Printed Name: Angel Unzueta Title: AMBR

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

ARTICLE I NAME

The name of the corporation shall be: New Age Ballers INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

17840 sw 4th ct

Pembroke Pines, FL 33029

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Transforming our future generations through active sports.

Building confident boys and girls through sports training and development.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: In the by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angel A Unzalu Jr. President

Address: 17840 SW 4th Ct
Pembroke Pines, FL 33029

Name and Title: Jason Ortman President

Address: 1411 E Gulfview Dr
Pembroke Pines, FL 33026

Name and Title: Jibelsa Unzalu Secretary

Address: 17840 SW 4th CT
Pembroke Pines, FL 33029

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Angel Unzueta
Address: 17840 S.W. 4th CT
Pembroke Pines, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

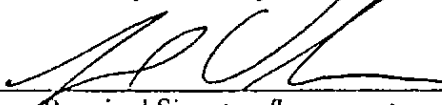
Name: Angel Unzueta
Address: 17840 S.W. 4th CT
Pembroke Pines, FL 33029

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/Registered Agent

3/22/19
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/Incorporator

3/22/19
Date