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(Requestor's Name)			
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
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SECURE AND SECURE

COVER LETTER

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

CHAMPION SUBJECT:	NS ON DEMAND, INC		
	(PROPOSED CORPO	RATE NAME - MUST INC	CLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	a check for:
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fec & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	GABRIEL JARAMILLO		
	PO Box 9116	(Printed or typed)	
		Address	
	PORT SAINT LUCIE, FL 3498	5	
	Ci 941-961-7479	ly, State & Zip	
	Daytime	Telephone number	
	GABE@GABEJARAMILLO.C	СОМ	
F	-mail address: (to be used for fut	ure annual report notification	ı)

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

ARTICLES OF INCORPORATION

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

<u>ARTICLE II</u>	PRINCIPAL OFFICE			
1193	Principal <u>street</u> address: B SE PORT SAINT LUCIE BLVD #113	PC	Mailing address, if different is: BOX 9116	
POR	RT SAINT LUCIE, FL 34952	PC	PORT SAINT LUCIE, FL 34985	
The purpose to CREATING A		DURCES TO PRO	MOTE AND FOSTER SOCIAL AND EMOTIONA	
			OF YOUNG CHILDREN, USING SPORTS, ARTS	•
	ATION. SAID CORPORATION IS ORGAN			
			CH PURPOSES, THE MAKING OF DISTRIBUTI	ON:
TO ORGANI	ZE THAT QUALIFY AS EXEMPT ORGA	NIZATIONS UNI	DER SECTION 501(C)(3) OF THE INTERNAL	
REVENUE C	ODE OR ANY CORRESPONDING SECT	TION OF ANY FU	TURE FEDERAL TAX CODE. SEE ATTACHMEN	JT A
<u></u>	· · · · · · · · · · · · · · · · · · ·		ANNUAL RY VOL	
REVENUE C	· · · · · · · · · · · · · · · · · · ·			
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ARTICLE IV	· · · · · · · · · · · · · · · · · · ·	ner in which the dire	ANNUAL RY VOL	
ARTICLE IV	MANNER OF ELECTION The manner INITIAL OFFICERS AND/OR DIRECTOR	ner in which the dire	ANNUAL BY VOT	
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ARTICLE IV ARTICLE V Name and Title	MANNER OF ELECTION The manner INITIAL OFFICERS ANDIOR DIRECTOR Gabriel JaramilloDIRECTOR e:	ner in which the dire	ANNUAL BY VOT	
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Name and Title:_	·	Name and Title:	
Address _	<u> </u>	Addana	
_			
Name and Title:_			
Address		Address:	
_			
A BETTEL E VI			
The name and Flo	REGISTERED AGENT prida street address (P.O. Box NOT acce	ntable) of the registered event in	
Name:	GABRIEL JARAMILLO	phable) of the registered agent is:	
Address:	1193 SE PORT SAINT BLVD #	1113	
	PORT SAINT LUCIE, FL 34952	2	
Name: Address:	GABRIEL JARAMILLO 1193 SE PORT SAINT BLVD # PORT SAINT LUCIE, FL 3495		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if a	other than the date of filing: tte is listed, the date must be specific an	. (OPTION) d cannot be more than five days	AL) s prior or 90 days after the filing.)
ocument's effecti	inserted in this block does not meet the ap ve date on the Department of State's reco	rds.	
Having been nam certificate, I am fa	ed as registered agent to accept service of miliar with any accept the appointment as	s registered agent and agree to aci	orporation at the place designated in thit in this capacity
	Acquired Signature of Registered		3-25-19 Date
I submit this docu the Department	Required Signature of Registered ABRICL JA RA 199 ment and affirm that the facts stated here of State constitutes a third degree felony to	LLO in are true. I am aware that any 6	
·- — - provi erritaria	/) / / //		2.25 42
	Rakel Rakelf & Required Signature of Incorp	porator	3-25-19 Date
8	ABRICL JARAMILL		,,,,,,
471	TORICL JARAMILK	\mathcal{O}	

CHAMPIONS ON DEMAND, INC.
ATTACHMENT A—CONTINUATION OF ARTICLE III

NO PART OF THE NET EARNINGS OF THE CORPORATION SHALL INURE TO THE BENEFIT OF, OR BE DISTRIBUTABLE TO ITS MEMBERS, TRUSTEES, OFFICERS, OR OTHER PRIVATE PERSONS, EXCEPT THAT THE CORPORATION SHALL BE AUTHORIZED AND EMPOWERED TO PAY REASONABLE COMPENSATION FOR SERVICES RENDERED AND TO MAKE PAYMENTS AND DISTRIBUTIONS IN FURTHERANCE OF THE PURPOSES SET FORTH IN ARTICLE THIRD HEREOF. NO SUBSTANTIAL PART OF THE ACTIVITIES OF THE CORPORATION SHALL BE THE CARRYING ON OF PROPAGANDA, OR OTHERWISE ATTEMPTING TO INFLUENCE LEGISLATION, AND THE CORPORATION SHALL NOT PARTICIPATE IN. OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTION OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF OR IN OPPOSITION TO ANY CANDIDATE FOR PUBLIC OFFICE. NOTWITHSTANDING ANY OTHER PROVISION OF THESE ARTICLES, THE CORPORATION SHALL NOT CARRY ON ANY OTHER ACTIVITIES NOT PERMITTED TO BE CARRIED ON (A) BY A CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR (B) BY A CORPORATION. CONTRIBUTIONS TO WHICH ARE DEDUCTIBLE UNDER SECTION 170(C)(2) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

UPON THE DISSOLUTION OF THE CORPORATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE. ANY SUCH ASSETS NOT SO DISPOSED OF SHALL BE DISPOSED OF BY A COURT OF COMPETENT JURISDICTION OF THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE CORPORATION IS THEN LOCATED, EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH ORGANIZATION OR ORGANIZATIONS, AS SAID COURT SHALL DETERMINE, WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH PURPOSES.

COVER LETTER

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

CHAMPION	S ON DEMAND, INC		
SUBJECT:	CT:(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed is an original a	and one (1) copy of the Ar	ticles of Incorporation and	a check for :
■ \$70.00	\$78.75	□\$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	DPY REQUIRED
	GABRIELJARAMILLO		

FROM:

Name (Printed or typed)

PO Box 9116

Address

PORT SAINT LUCIE, FL 34985

City. State & Zip

941-961-7479

Daytime Telephone number

GABE@GABEJARAMILLO.COM

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

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