N19000008932

(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 AUG 29 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
AUG 29 2019

COVER LETTER

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

SUBJECT: Sports And Psychology 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: Angel R. Castro Vargas
Name (Printed or typed)

6980 NW 186th St. # 3-224
Address

Hialeah FL 33015
City, State & Zip

954-499-9291
Daytime Telephone number

professionals.contact@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: Sports and Psychology Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6980 NW 186th St #3-224
Hialeah FL 33015

Mailing address, if different is:
Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help keep kids away from the streets through sports psychology scientific exchange between USA and Dominican Republic, couseling underpriledge children and teens through sports.

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TALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Angel R. Castro Vargas
President
Address: 6980 NW 186th St #3-224
Hialeah FL 33015

Name and Title: Julian Castro
Vice President
Address: 1548 SW 116th Ave
Pembroke Pines FL 33025

Name and Title: Ivan Calzada
Treasurer
Address: 17921 NW 48 PL
Miami Gardens FL 33055

Name and Title: Luis Moreno
Secretary
Address: 5456 NW 192 LN
Miami Gardens FL 33055

Name and Title: _____ Name and Title: _____

Address _____ 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: Angel R. Castro Vargas President

Address: 6980 NW 186th St. # 3-224
Hialeah, FL 33015

ARTICLE VII INCORPORATOR

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

Name: Angel R. Castro Vargas

Address: 6980 NW 186th St. # 3-224
Hialeah FL 33015

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TALLAHASSEE, FLORIDA

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

Angel Castro
Required Signature of Registered Agent

8/28/2019
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.

Angel Castro
Required Signature of Incorporator

8/28/2019
Date