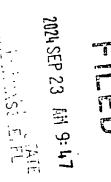
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ALLAMASSECTEONIL

COVER LETTER

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

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

| S70.00 | S78.75 | S78.75 | S87.50 | S87.50 | Filing Fee & Filing Fee & Filing Fee & Certificate of Status | Certified Copy & Certified Copy & Certificate | ADDITIONAL COPY REQUIRED | ADDITIONAL COPY REQUIRED

FROM: SIRNA HAYMAM

Name Printed or typed)

4193 NW 53 ST

Address

BCCA RATON, FI 33494

City, State & Zip

Daytime Telephone number

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)

The name of the corporation shall be:	eminoles	Womens	100	HOCKEY	Mc.
ARTICLE II PRINCIPAL OFFICE			-	··•	
Principal street address:	5T	Mailing address, if different is:			
Boca Raton, F	L			<u></u>	
33496		·	_		
ARTICLE III PURPOSE	0.20	00 (1)		4.6	
The purpose for which the corporation is or Club at Florid	rganized is: Y 10(1)	LIONI PISTA	7W6U7	ice N	<u>ocred</u>
CICIO OF TOTAL	JIUTE_	Officestia			
			·		2021 SI
				: -	E 23
	-			<u></u>	154
				1 ⁷³ 6)	
ADTIGUE DAY AND AD OF DOMES				B. XIII	<u> </u>
ARTICLE IV MANNER OF ELECTION	I he manner in whi	ch the directors are elect	ed and appo	inted: $\frac{-100000}{0000}$	ointed
Cite william 1015.	Ko h	<u>Ob</u> (t)	(1 COV)	14	
ARTICLE V INITIAL OFFICERS AN	D/OR DIRECTORS				
Name and Title: Stena Waymon	- President Name	and Title:			
Address 4193 NW 53					
Bola paten FL,	33990				
<u> </u>					
Name and Title: Wayk Moore	1-4 COSU C/Name	and Title:	•		
Address 239) olala					
Unil 2-2204 T					
TL 32304					
Name and Title:	Name	and Title:	_		
Address	Addre	ess:			

Name and Title:		Name and Title:						
Address		Address: _						
_		-						
Name and Title:		Name and Title:	• • • • • • • • • • • • • • • • • • • •					
Address		Address: _						
_		-	_					
ARTICLE VI F	REGISTERED AGENT							
	rida street address (P.O. Box NOT accep	table) of the regist	ered agent is:					
Name:		<u> </u>			202			
Address:	9193 NW 53 57	2.01.5			2024 SEP	~ ~		
	BOCK Raton, to 3	3990		:	P 23	(2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
	INCORPORATOR Iress of the Incorporator is:			10.	=	M		
Name:	Siera Hayman			<u>.</u>	9.1			
Address:	443 NW 53 ST			F	7			
	Bora Katon FL 334	190						
Effective date, if o	ther than the date of filing: 0 23 te is listed, the date must be specific an	124 d cannot be more	(OPTIONAL) e than five days prior or 90 days	s after the	filing.)			
	nserted in this block does not meet the ap ve date on the Department of State's reco		filing requirements, this date will	not be liste	ed as the			
Having been nam certificate, I am fa	ed as registered agent to accept service of miliar with and accept the appointment as	of process for the registered agent o	above stated corporation at the jund agree to act in this capacity	place desig	nated in	this		
Required Signature of Registered Agent		09/2	09/23/24					
	Required Signature of Registered	Agent		Date				
	nent and affirm that the facts stated hereit State constitutes a third degree felony as p			bmitted in a	documei	ut to		
	Required Signature of Incorp		001	23 2 C	1			
	Required Signature of Incorp	oorator		Date				