# N950000030/

(Proposed corporate name - must include suffix)

BLACKHAWKS BALL CLUB

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

SUBJECT: \_\_

m.nmn100 1 8884 3724545 - 01710795 - 01007 - 624 - ++++ 78, 75 - ++++ 78, 75

INC.

|                         |                  |                             |                                | : .  |     |  |  |  |
|-------------------------|------------------|-----------------------------|--------------------------------|--|-----|--|--|--|
| Enclosed for :          | is an original a | and one (1) copy o          | of the articles of inc         | corporation and a chec                         | k   |  |  |  |
|                         | \$70.00          | ≥ \$78.75                   | \$122.50                       | \$131.25                                       | 7+4 |  |  |  |
|                         | Filing Fee       | Filing Fee<br>& Certificate | Filing Fee<br>& Certified Copy | Filing Fee,<br>Certified Copy<br>& Certificate |     |  |  |  |
|                         |                  |                             |                                |  |     |  |  |  |
|                         | FROM:            | FABIO                       | TAGUASACC                      | <i>#1</i>                                      |     |  |  |  |
| Name (Printed or typed) |                  |                             |                                |  |     |  |  |  |
|                         | 6071 12 AUE SW   |                             |                                |  |     |  |  |  |
| Address                 |                  |                             |                                |  |     |  |  |  |
|                         | NAPLES, FL 33999 |                             |                                |  |     |  |  |  |
| City, State & Zip       |                  |                             |                                |  |     |  |  |  |
|                         |                  | 813                         | 455 640                        | 2  |     |  |  |  |
|                         |                  | Dayûme Te                   | lephone number                 | 1 23 60  |     |  |  |  |

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

#### ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 617, Florida Statutos, sdopt(s) the following Articles of Incorporation:

#### ARTICLE I

The name of the corporation shall be:

Blackhawks Ball Club, Inc.

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#### ARTICLE II

The principal place of business and mailing address of this corporation shall be:

6071 12 ave. S.W. Naples, Florida 33999

#### ARTICLE III

The specific purpose(s) for which the corporation is organized is (are):

Form and operate a youth sports program for the children of Collier County.

#### ARTICLE IV

The manner in which the directors are elected or appointed is stated in the bylaws of the company.

#### ARTICLE V

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes.

#### ARTICLE VI

The name and street address of the initial registered agent is:

Fabio E. Tagliasacchi 6071 12 ave. S.W. Naples, Florida 33999

(813-455-0257)

#### ARTICLE VII

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is:

President - Fabio E. Tagliasacchi 6071 12 ave. S.W. Naples, Fl. 33999

The undersigned incorporator has executed these Articles of Incorporation this 9 day of January 1995.

Fabio E. Tagliasacchi

### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. The name of the corporation is: |                         | (must include suffix) |                |              |  |  |
|------------------------------------|-------------------------|-----------------------|----------------|--------------|--|--|
| 2. The name a                      | nd address of the regis | tered agent and offic | ce is:         | 62 TVI       |  |  |
|                                    | FABIO TA                | SLIASACCHI            | ;<br>;,        | ::<br>:::    |  |  |
| ,                                  |                         | įv.                   | <u>=</u>       |              |  |  |
|                                    | 6071 12 AU              | E S.W.                | 02<br>02<br>02 | ္<br>ဒူ: 2ပူ |  |  |
| •                                  | (Street address         | o) >                  | 1-             |              |  |  |
|                                    | NAPLES F                | 33999                 |                |              |  |  |
|                                    | (0                      | ity/State/Zip)        |                |              |  |  |

(Date)

appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my

position as registered agent.

(Signature)