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TRANSMITTAL LETTER

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

SUBJECT: Sout	hEast Elite Soccer, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUITIN)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
2 \$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
1 12.11.9 - 1 -	& Certificate of Status	& Certified Copy	Certified Copy
		**	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM: N	ancy E. McFadden		
	Name	(Printed or typed)	
	3933 SE 135 Ave		
·	7	Address	
	Davie, FL 33330		
•	City,	State & Zip	
	954-473-9256		
•	Daytime T	elephone number	

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: SouthEast Elite Soccer, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7515 Oakland Park Blvd Suite 102
Lauderhill, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to foster, promote, and and advance the cause of junior soccer within the jurisdiction of the league and guard the interests of its clubs/teams.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President: Joseph Sagarra 4551 NW 70th Ave. Lauderhill, FL 33319 Treasurer: Nancy E. McFadden 3933 SW 135 Ave Davie, FL 33330

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> of the registered agent is:

Nancy E. McFadden 3933 SW 135 Ave Davie, FL 33330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joseph Sagarra 4551 NW 70th Ave. Lauderhill, FL 33319

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

Nan Signature/Registered agent

Nan Signature/Registered agent

National Date

Signature/Incorporator

Date

TOW HAY 24 A 11: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIFA