

FB7880071244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

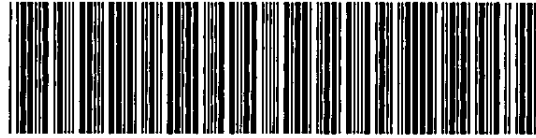
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 JUN 18 P 3:07

FILED

~~6-19-07~~  
6-19-07  
2m

## COVER LETTER

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

SUBJECT: South Florida Sports Medicine Camp, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Joseph Kanefsky  
Name (Printed or typed)

958 Mockingbird Ln #509  
Address

Plantation, FL 33324  
City, State & Zip

954-495-4926  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

07 JUN 18 PM 2:01

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

June 5, 2007

JOSEPH KANEFSKY  
958 MOCKINGBIRD LANE, #509  
PLANTATION, FL 33324

SUBJECT: SOUTH FLORIDA SPORTS MEDICINE CAMP, INC  
Ref. Number: W07000026707

We have received your document for SOUTH FLORIDA SPORTS MEDICINE CAMP, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please complete article VII.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham  
Document Specialist  
New Filing Section

Letter Number: 907A00038379

# 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:

South Florida Sports Medicine Camp, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

958 Mockingbird Ln #509  
Plantation FL 33324

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Summer Kids Camp

## ARTICLE IV SHARES

The number of shares of stock is:

~~2~~ 2

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Joseph Kanefsky  
958 Mockingbird Ln #509  
Plantation FL 33324

Christopher Brown  
11300 NE 2nd Ave  
Miami Shores, FL 33161

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Joseph Kanefsky  
958 Mockingbird Ln #509  
Plantation FL 33324

## ARTICLE VII INCORPORATOR

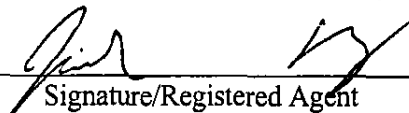
The name and address of the Incorporator is:

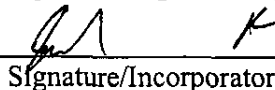
~~Same as above~~

Joseph Kanefsky  
958 Mockingbird Ln #509  
Plantation FL 33324

\*\*\*\*\*

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

  
Signature/Registered Agent

  
Signature/Incorporator

6/1/07  
Date

6/1/07  
Date

FILED  
2001 JUN 18 P 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA