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MRD 195

## **LAZARUS**

### **CORPORATE FILING SERVICE**

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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#### ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

#### <u>ARTICLE I - NAME</u>

THE NAME OF THE CORPORATION SHALL BE:

B.F. Basketball Camp Inc.

**ARTICLE II - PRINCIPAL OFFICE** 

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

1400 600 69 TC Miami, Flonda 33143.

**ARTICLE III - SHARES** 

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Benigno Fragela 1400 SW 69 Te. Miami, FL 33/43

#### **ARTICLE V - INCORPORATOR**

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

Benigno Hagela
Benigno Hagela 1400 SW 69 Te. Miam: Monda 33/43 THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES
Man: Monda 33143
THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES  OF INCORPORATION THIS
DAY OF <u>Septembel</u> , 2008
A The second of
SIGNATURE
ADTICLE M. DIDECTOR(S)
ARTICLE VI - DIRECTOR(S)
THE MARKEROLAND OTDERT ADDRESS IROLAR THE DIDEATABLE TA

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

Benigno Fragela President El nabelh Fragela Vise President Baul Puig Vice President Elsa Puig Vice President

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE