

P09000078831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

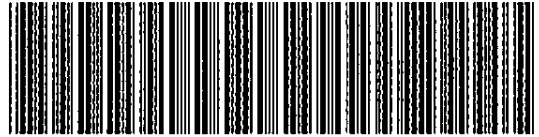
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W09-41074~~

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2009 SEP 21 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/25

COVER LETTER

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

SUBJECT: Pick Your Player, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Angela Del Valle
Name (Printed or typed)

6175 NW 153rd Street, Suite 100

Address

Miami Lakes, Florida 33014

City, State & Zip

786-709-5616

Daytime Telephone number

angie@globalinsurancefla.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2009

ANGELA DEL VALLE
6175 NW 153RD STREET
SUITE 100
MIAMI LAKES, FL 33014

SUBJECT: PICK YOUR PLAYER, INC.
Ref. Number: W09000041074

We have received your document for PICK YOUR PLAYER, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return 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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 809A00030261

RECEIVED

09 SEP 21 PM 12:22

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Pick Your Player, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6175 NW 153rd Street, Suite 100
MIAMI LAKES, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For-Profit in the retail and wholesale market.
And any and all legal business.

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): Angela Del Valle (President, Secretary)
6175 NW 153rd Street, Suite 100
Miami Lakes, Florida 33014

ARTICLE VI REGISTERED AGENT

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

Angela Del Valle
6175 NW 153rd Street, Suite 100
Miami Lakes, Florida 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Angela Del Valle
6175 NW 153rd Street, Suite 100
Miami Lakes, Florida 33014

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

Angela Del Valle
Signature/Registered Agent
Angela Del Valle
Signature/Incorporator

9/8/09
Date
9/8/09
Date

FILED
2009 SEP 21 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA