

P11000037051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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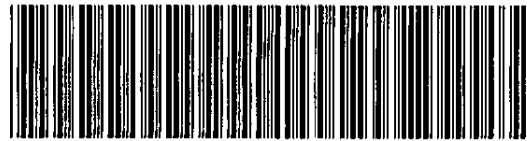
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/15/11--01036--007 \*\*78.75

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 APR 15 PM 1:09

4/18/11

## COVER LETTER

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

SUBJECT: ALCAJI BASEBALL ACADEMY, 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: ALCAJI BASEBALL ACADEMY, INC.

Name (Printed or typed)

20975 SW 236 ST

Address

HOMESTEAD, FL 33031

City, State & Zip

305-510-5705

Daytime Telephone number

ACANARTE@BELLSOUTH.NET

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

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

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DIVISION OF CORPORATIONS

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:

ALCAJI BASEBALL ACADEMY, INC.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

20975 SW 236 ST  
HOMESTEAD, FL 33031

Mailing address, if different is:

20975 SW 236 ST  
HOMESTEAD, FL 33031

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TRAINING, COACHING, SERVICES, SURVEYS, COUNSELING

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ALVARO CANARTE / PRESIDENT

Address: 20975 SW 236 ST.

HOMESTEAD, FL 33031

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: ALVARO CANARTE

Address: 20975 SW 236 ST

HOMESTEAD, FL 33031

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALVARO CANARTE

Address: 20975 SW 236 ST

HOMESTEAD, FL 33031

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

Required Signature/Registered Agent

04/08/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

04/08/2011

Date