

P12000057134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

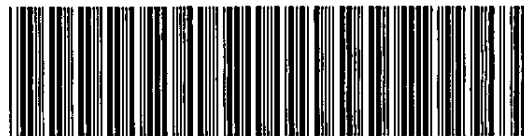
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000236769500

06/25/12--01029--010 \*\*78.75

FILED  
12 JUN 25 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
6/26/12

## COVER LETTER

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

SUBJECT: Team Cup 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: Mike Kekel

Name (Printed or typed)

2635 N. Beach Road, Unit 6

Address

Englewood, FL 34223

City, State & Zip

(941) 628-2325

Daytime Telephone number

mikekekel@gmail.com

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

**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**

Team Cup Inc

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Team Cup Inc  
312 E. Venice Ave Suite 205  
Venice, FL 34285

Mailing address, if different is:

Team Cup Inc  
2635 N. Beach Road, Unit 6  
Englewood, FL 34223

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To sell products and services

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Mike Kekel, President  
Address: 2635 N. Beach Road, Unit 6  
Englewood, FL 34223

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

Name and Title: Norman J Campion, Vice President  
Address: 4268 Tennyson Way  
Venice, FL 34293

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: Mike Kekel, President  
Address: 2635 N. Beach Road, Unit 6  
Englewood, FL 34223

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mike Kekel, President  
Address: 2635 N. Beach Road, Unit 6  
Englewood, FL 34223

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

Michael J. Kekel  
Required Signature/Registered Agent

06/22/2012  
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.

Michael J. Kekel  
Required Signature/Incorporator

06/22/2012  
Date

FILED  
12 JUN 25 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA