

P13000013175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

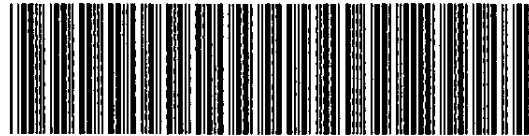
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700244216157

02/07/13--01011--008 \*\*78.75

FILED  
13 FEB -7 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

T-Burch FEB 08 2013

## COVER LETTER

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

SUBJECT: A'Giza Youth Sports, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Elea Dean  
Name (Printed or typed)

319 Shirley Drive  
Address

Pahokee, FL 33476  
City, State & Zip

(561)932-7569  
Daytime Telephone number

eagiza32@yahoo.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**

The name of the corporation shall be: A'Giza Youth Sports, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

319 Shirley Dr.

Pahokee, FL 33476

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To promote healthy and safe environments for youths through physical activities, while building overall self esteem.

**ARTICLE IV SHARES**

The number of shares of stock is: (1)

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

Name and Title: Elea Dean-President

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

Address 319 Shirley Dr.

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

Pahokee, FL 33476

Name and Title: Mahire A'Giza-Vice President

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

Address 319 Shirley Dr.

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

Pahokee, FL 33476

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

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

Address \_\_\_\_\_

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

FILED  
13 FEB -7 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Elea Dean  
Address: 319 Shirley Dr.  
Pahokee, FL 33476

FILED  
13 FEB -7 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Elea Dean  
Address: 319 Shirley Dr.  
Pahokee, FL 33476

*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*

Elea Dean 2/5/13  
Required Signature/Registered Agent 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.*

Elea Dean 2/5/13  
Required Signature/Incorporator Date