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| (Re | equestor's Name) | <u>.</u> | |
|---|------------------|-----------|--|
| (Address) | | | |
| (Ac | idress) | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| Certified Copies | Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

W14000010583



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 18, 2014

NEXT LEVEL SPORTS COACHING INC. 1690 RENAISSANCE COMMONS BLVD. #1605 BOYNTON BEACH, FL 33426

SUBJECT: NEXT LEVEL SPORTS COACHING INC.

Ref. Number: W14000010583

We have received your document for NEXT LEVEL SPORTS COACHING INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees: \$35.00
Registered Agent
Designation \$35.00
Certified Copy \$8.75
Certificate of Status \$8.75

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 214A00003640

FILED

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SECRETARY OF STATE
TALLAHASSEE, FI ORIDA

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: NEXT LEVEL SE | PORTS COACHING INC. |
|--|--|
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Principal street address | Mailing address, if different is: |
| 1690 RENAISSANCE COMMONS BLUD # 1605 | 1322 N. L ST |
| BOYNTON BEACH, FL. 33426 | LAKE WOETH FL. 33460 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: TO CHEATE A YOUTH COACH CELTIFICATION PROCESSES TO ALLOW THEM TO INLAFACE THE | |
| and HOW TO FACILITATE AND TEACH, YO | |
| · | ion in Palm BEACH COUNTY. |
| ARTICLE IV SHARES The number of shares of stock is: 10,000 | |
| ARTICLE V INITIAL OFFICERS AND/OR DIR | <u>ECTORS</u> |
| Name and Title: KATHRYN COPEUN OWNER | Name and Title: CINTIA WESSOLOWSKI |
| Address: 1322 N.U 4T | Address: 1351 NE 191 ST Appt 117 |
| LAKE WORTH FL. 354LO | NORTH MIAMI DEACH, FL 3317 |
| Name and Title: JOANN FERRIERI OWNER | Name and Title: FEDERICE Brodery OWNER |
| Address: 1322 N. L ST | Address: 1351 NF 191 ST # 117 |
| LAKE WORTH, FL. 33460 | NORTH MIAMI BEACH, PL. 33179 |
| Name and Title: | Name and Title: |
| Address: | Address: |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acception Name: KATHPUN COPFUN | otable) of the registered agent is: |
| Address: 1322 N. L ST | |
| 1 AV - 1 - 1 - 2341 | |

| ARTICLE The name | EVII INCORPORATOR and address of the Incorporator is: | | |
|--|---|------------------|--|
| Name: | KATHRYN COPEUN | | |
| Address: | 1322 N. L GT | | |
| | LAKE WOLTH, FL. 33460 | | |
| 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 The process of the above stated corporation at the place designated in this capacity The process of 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 The process of 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 The process of 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 The process of the above stated corporation at the place designated in this capacity The process of the above stated corporation at the place designated in this capacity The process of the above stated corporation at the place designated in this capacity The process of the above stated corporation at the place designated in this capacity The process of the above stated corporation at the place designated in this capacity The process of the above stated corporation at the place designated The process of the above stated corporation The process of the above stated The process of the above stated The proc | | | |
| I submit this document and affirm that the facts stated herein are true. I am aware that any 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. | | | |
| fresh | Required Signature/Incorporator | 01/20/14 Date | |

FILED

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SECRETARY OF STATE
IALLAHASSEE, FLORIDA