

PK40000500K

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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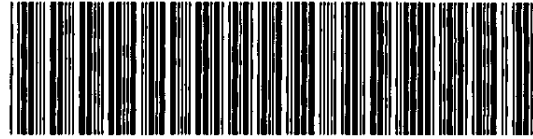
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 6/11

## COVER LETTER

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

**SUBJECT:** MVP Athletic Wear, 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:** MVP Athletic Wear, Inc

Name (Printed or typed)

4730 S. W. 54 Terrace

Address

Davie, Florida 33314

City, State & Zip

954-543-2503

Daytime Telephone number

tbo68@aol.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: MVP Athletic Wear, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4730 S.W. 54 Terrace

Davie, Florida 33314

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Making and Selling of Athletic Wear

**ARTICLE IV    SHARES**

The number of shares of stock is: 1000

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

Name and Title: Troy L. Hughes, President

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

Address 4730 S.W. 54 Terrace  
Davie, Florida 33314

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

Name and Title: Luis Heran, Vice-President

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

Address 6350 Palm Trace Landings Drive  
#202  
Davie, Florida 33314

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

Name and Title: Secretary-Treasurer

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

Address Wilfredo Rubio  
2362 S. W. 70 Way  
Davie, Florida 33317

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

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TALLAHASSEE, FLORIDA

(cont.)

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:

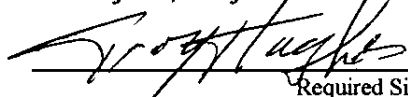
Name: Troy L. Hughes  
Address: 4730 S.W. 54 Terrace  
Davie, Florida 33314

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Troy L. Hughes  
Address: 4730 S.W. 54 Terrace  
Davie, Florida 33314

*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

06/06/2014  
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

06/06/2014  
Date

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