P/5000023540

(Requestor's Name)
(Address)
(Address)
(100,000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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SECRETARY OF STAIL DIVISION OF CORPORATION

~ 03/11/15

COVER LETTER

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

Enclosed are an orig	\$18.75 \$18.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	HERIBERTO GOWZ- Name 269 NW 125 A MIAMI, Fl 2 City, S	HVENUE ddress	EDO
	(305)525-8	8312) elephone number 1.000	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 The name of the co.	NAME rporation shall be:	TEAM	BASEBALL	INC.	
_	PRINCIPAL OFF Principal stree	t address		Mailing address, if o	lifferent is:
•) 125 AVE , FL 331	_			
ARTICLE III The purpose for wh	PURPOSE nich the corporation	is organized is:	any and a	11 lawful l	ousiness.
					OIVISION 5 MAR
					N OF CORPOS
					STATE RATE OF
The number of share		00			
ARTICLE V Name and	INITIAL OFFICE Title: HERIBERT	o Gonzalez-Q	RECTORS UEVEDO Name and T	ritle: Donia Gonza	HEZ-QUELEDO
Address	PRESI 269 N	•	Address:	LICE-PI 269 NW	RESIDENT 125 AVE. FL 33182
Name and	Γitle:		Name and T	itle:	
Address			Address:		
					
			Name and T	itle:	
Address			Address:		

Name an	nd Title:	Name and Title:	
Address	· · · · · · · · · · · · · · · · · · ·	Address:	
ARTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	HERIBERTO GMZAlez-	Quevero	
Address:	269 NW 125 AVE.		0
	MIAMI, FL 33182		SECRE NVISION 15 MAR
ARTICLE VII	INCORPORATOR		FIL OF CO
The <u>name and a</u>	ddress of the Incorporator is:		PH DRPO
Name:	HERIBERTO GUIZALEZ-C		STALL ORATION 3:40
Address:	269 NW 125 AVE.		9
	MIAMI, FL 33182		
	med as registered agein to accept service of proce am familiar with any accept the appointment as i		
			3/6/15
	Required Signature/Registered Agent		Date
submit this doc	cument and affirm that the facts stated herein a	re true. I am aware that the false i	nformation submitted in
locument to the	Department of State postitutes a third degree fel	ony as provided for in s.817.155, F.	s. 3/1/16
	Reghined Signature/Incorporator		
	/ Signature mestipolation		2.410