

P15000040246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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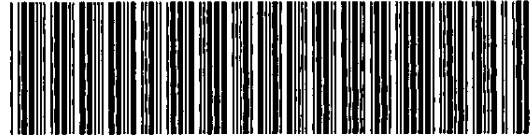
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/29/15--01011--013 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 29 PM 5:04

APPROVAL
AND
FILED

11/11

COVER LETTER

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

SUBJECT: MIAMI VIOLETTE ATHLETIC CLUB, 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 checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: CLAUDEL B. JEAN SALVADOR
Name (Printed or typed)

431 NW 118 STREET
Address

MIAMI, FL 33168
City, State & Zip

786 262 1569
Daytime Telephone number

claudeljsalvador@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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Miami Violette Athletic Club, Inc.

15 MAR 29 PM 5:04

ARTICLE II PRINCIPAL OFFICE

Principal street address

431 NW 118 Street

Miami

FL 33168

Mailing address different is:

SAME

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To create a Franchise Soccer Team
and to be a wholesaler of Sports Equipments.

ARTICLE IV SHARES

The number of shares of stock is: 5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudel B. Jean Salvador, President

Address: 431 NW 118th Street
Miami
FL 33168

Name and Title: Vanel Jean Victor, Vice President

Address: 21355 NW 9th Ct apt. 201
Miami Gardens
FL 33169

Name and Title: Rose Marie Thelusma, member

Address: 21355 NW 9th Ct apt 201
Miami Gardens
FL 33169

Name and Title: Michel Mathelier, Member

Address: 700 NE 178 Ter
Miami
FL 33162

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

APPROVED (cont.)
AND
FILED

15 MAR 29 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Steven Jean Salvador
Address: 50 NE 210 Street
Miami Gardens, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Claudel B. Jean Salvador
Address: 431 NW 118 Street
Miami, FL 33168

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

STEVEN JEAN SALVADOR
Required Signature/Registered Agent

04/22/2015
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.

Claudel B. Jean Salvador
Required Signature/Incorporator

04/22/2015
Date