

P15000080265

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(Business Entity Name)

(Document Number)

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2015 SEP 22 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 29 2015

T. B. B. B. B.

## COVER LETTER

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

**SUBJECT:** TOTAL SPORTS USA, 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** TOTAL SPORTS USA, INC  
Name (Printed or typed)  
2780 NE 183rd STREET STE 607  
Address  
MIAMI FL 33160  
City, State & Zip  
(305) 305 8871  
Daytime Telephone number  
druiztaxservice@hotmail.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: TOTAL SPORTS USA, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2780 NE 183rd STREET STE 607  
MIAMI FL. 33160

Mailing address, if different:  
2780 NE 183rd STREET STE 607  
MIAMI FL 33160

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY LEGAL BUSINESS / ACTIVITY PERMITTED IN THE  
STATE OF FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 (ONE HUNDRED)

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

Name and Title: JUAN L. CASTELLANOS ( P )  
Address: 9415 FONTANBLEAU BLVD APT 101  
MIAMI FL. 33172  
( Ratio Ownership 50 % )

Name and Title: DIOGENES RUIZ-DIAZ ( S )  
Address: 2780 NE 183rd STREET APT 607  
AVENTURA FL. 33160  
( Ratio Ownership 50 % )

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

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

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

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

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

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

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

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

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: DIOGENES RUIZ-DIAZ

Address: 2780 NE 183rd STREET APT 607

AVENTURA FL. 33160

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: DIOGENES RUIZ-DIAZ

Address: 2780 NE 183rd STREET APT 607

AVENTURA FL. 33160

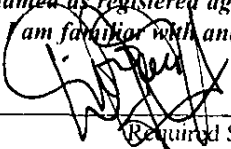
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/18/2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

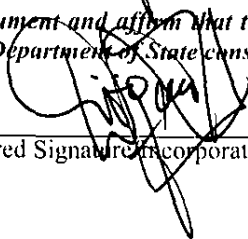


\_\_\_\_\_  
Required Signature/Registered Agent

09/18/2015

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature/Incorporator

09/18/2015

\_\_\_\_\_  
Date