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(Re	questor's Name)		
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PICK-UP	WAIT	MAIL	
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Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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06/20/16--01035--013 **35.00

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06/20/16--01035--015 **8.75

06/20/16--01035--016 **8.75

16 JUN 20 PH 12: 10

JUN 20 2016 S. GILBERT

COVER LETTER

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

SUBJECT: A	duanced	Softbal	1 Academ	y Inc.		
	(PROPOS	ED CORPORATE	NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
□ \$70.00 Filing Fee	· ·	of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
FROM: CHarles M. HENRY Name (Printed or typed)						
	3550 Galt	- OCEAN Add	DRIUE #	601		
<u>[</u>	Fort Lauc	levds le City, Sta	Florids te & Zip	33308		

G17 650 5052 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

HENVYCMJ & SMAIL. Com
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation	on shall be: Advanced	Softball	Acedemy Inc
ARTICLE II PRINCI	PAL OFFICE Principal street address	Mailir	ng address, if different is:
3560 Galt	Ocodn Drive	0(
	erdale, Fl 3330	28	
ARTICLE III PURPOS	,		
Instruc	<u> </u>)lsc	
			. ↑
			3 =
ARTICLE IV SHARE The number of shares of s			20 FR
ARTICLE V INITIAL	OFFICERS ANDIOR DIRECTORS		F. 12
Name and Title:	CHOILES M. HENVILPRE	Name and Title:	Ţ i, O
	550 Galt Octan Dr. 2		
fo	it hauderdale f	<u> </u>	
	33308		
Name and Title:	CHarles M. Henry (SEC.) 550 Galf Ocean DR. 46	Name and Title:	
Address 3	550 Galf Ocean DR. The	O/ Address:	
	Fort Lauderdale		
1	-loxida 33308,		
Name and Title:	CHarles M. Henry	TRES) Name and Title:	
	1550 Golf Occon De*		
F	ort Lauderdalt		
{	brida 33308		

(clerk)
Name and Title: CHay ES M. HEYURY Name and Title:
Address 3550 Golf Octon DR. Hool Address:
Fort Lauderdal 5 33308
Florida
· · · · · · · · · · · · · · · · · · ·
ARTICLE VI REGISTERED AGENT
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:
Name: CHRIES M. HENRY
Address: 3550 Galt Ocean DR #601
Name: CHRIES H. HENRY Address: 3550 Galt Ocean DR. #601 FortLander dale, F1 33308
ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is:
Name: CHAVLES M. HENRY 3550 Gd/t Octon DR. 601
255-6140-0-1-601
Address: 2550 Gd/T OCEAN INC.
Fort LAuderdalE, Fl 43308
ARTICLE VIII EFFECTIVE DATE:
Effective date, if other than the date of filing:
(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. Ann familiar with and accept the appointment as registered agent and agree to act in this capacity
Constant Henry
Required Signature/Registered Agent Date CHION (e.S. 14. HERRY 6/15/16 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.
CHRIST BUILDING
Required Signature/Incorporator CHRIGS M. HERIRY Quite Date