

# PH000014435

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To:

Division of Corporations  
Fax Number : (850) 617- 6381

From

Account Name : SVART BAUMRIK & COMPANY, LLP  
Account Number : 120000000291  
Phone : (407) 847- 7466  
Fax Number : (407) 847- 6641

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION

Perfect Game Youth Florida, Inc.

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FEB 16 2017

T. SCOTT

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Perfect Game Youth Florida, Inc.  
916 East Osceola Parkway  
Kissimmee, FL 34744

February 10, 2017

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

RE: Perfect Game Youth Florida, Inc. N17000000021

To Whom It May Concern:

I am the owner of Perfect Game Youth Florida, Inc. a Non-Profit corporation Document N17000000021.

Perfect Game Youth Florida, Inc. a Non-Profit corporation Document N17000000021 has been dissolved and I will not be Revoking the Dissolution.

Attached is a new filing for a Profit corporation using the name Perfect Game Youth Florida, Inc.

Sincerely,



George M. Gonzalez  
President

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**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: Perfect Game Youth Florida, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

916 East Osceola Parkway916 East Osceola ParkwayKissimmee, FL 34744Kissimmee, FL 34744**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any And All Lawful Business.**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: George M. Gonzalez, PSDName and Title: Marcus Mays, DAddress 916 East Osceola Parkway  
Kissimmee, FL 34744Address: 2065 Dixie Bell Drive Apt #H  
Orlando, FL 32812Name and Title: Bernardo Burgos

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

Address 3051 Rising Mist Court  
Kissimmee, FL 34744

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

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

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

Address \_\_\_\_\_

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

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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: George M. GonzalezAddress: 916 East Osceola Parkway  
Kissimmee, FL 34744**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: H. Edward McLeod, CPAAddress: 1101 Miranda Lane  
Kissimmee, FL 34741**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 Agent1/10/2017

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/Incorporator1/10/2017

Date

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