

P17000027938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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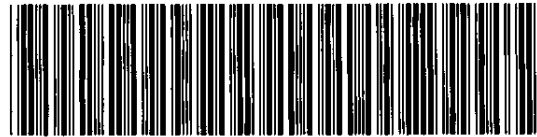
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
17 MAR 28 PM 3:06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAR 28 PM 3:26

COVER LETTER

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

SUBJECT: THE PLAYER ADVISORS COMPANY INC
(PROPOSED CORPOR E NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: ASHIAN D. WINCEY
Name (Printed or typed)
149 ANDERSON HILL RD.
Address
LAMONT, FL. 32336
City, State & Zip
310-497-1940
Daytime Telephone number
bigblue5500@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)

ARTICLE I NAME

The name of the corporation shall be: THE PLAYER ADVISORS COMPANY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

149 ANDERSON HILL RD.
LA MONT FL, 32336

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ADVISE AND CONSULT
PROFESSIONAL ATHLETES. TO MANAGE PERSONAL
AND BUSINESS AFFAIRS OF OUR CLIENTS OFF
THE FIELD AFFAIRS.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADRIAN MINCEY-CEO
Address: 149 ANDERSON HILL RD
TAIL, FL, 32336

Name and Title: MARVIN GRAHAM-PRES
Address: 149 ANDERSON HILL RD.
TAIL, FL, 32336

Name and Title: TANGIE MINCEY-SEC
Address: 149 ANDERSON HILL RD.
TAIL, FL, 32336

Name and Title: _____
Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAR 28 PM 3:26

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: ADRIAN D. MINCEY
Address: 149 ANDERSON HILL RD
TAI, FL. 32336

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ADRIAN D. MINCEY
Address: 149 ANDERSON HILL RD.
TAI, FL. 32336

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 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

Adrian D. Mincey
Required Signature/Registered Agent

3/28/17
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.

Adrian D. Mincey
Required Signature/Incorporator

3/28/17
Date