

PIT 000068284

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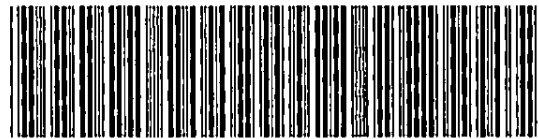
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17 AUG 14 PM 3:48  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** MCCONICO SPORTS 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  
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:** WILLENA MCCONICO

Name (Printed or typed)

5524 Eggleston Avenue

Address

Orlando, FL 32810

City, State & Zip

404-663-2384

Daytime Telephone number

cinije@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: MCCONICO SPORTS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5524 EGGLESTON AVENUE

ORLANDO, FL. 32810

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: COACHING VOLLEY BALL

**ARTICLE IV SHARES**

The number of shares of stock is: 500 SHARES @\$1.00 per share.

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

Name and Title: WILLENA MCCONICO - PRESIDENT

Address

5524 EGGLESTON AVENUE

ORLANDO, FL. 32810

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

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

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

Address

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

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

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

Address

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

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

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CLERK OF DISTRICT COURT  
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: Charles Inije  
Address: 1175 NE 125th Street suite 306  
Miami, FL 33161

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: WILLENA MCCONICO  
Address: 5524 EGGLESTON AVENUE  
ORLANDO, FL 32810

**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 Agent  
8/08/2017  
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/Incorporator  
8/08/2017  
Date