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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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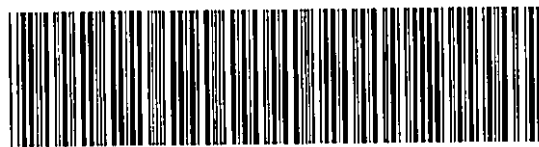
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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K. Brumley

COVER LETTER

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

SUBJECT: 360 Fútbol Training, 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: Joseph DelValle

Name (Printed or typed)

200 Leslie Drive Unit #723

Address

Hallendale, Florida 33009

City, State & Zip

786-368-3774

Daytime Telephone number

360futboltraining@gmail.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 360 Futbol Training, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

200 Leslie Drive Unit #723

Hallendale, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide Futbol training services

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph DelValle / P Name and Title: _____

Address 200 Leslie Drive Unit #723 Address: _____

Hallendale, FL 33009 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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NOTARIAL SEAL

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: Joseph DelValle
Address: 200 Leslie Drive Unit #723
Hallendale, FL 33009

ARTICLE VII INCORPORATOR

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

Name: Joseph DelValle
Address: 200 Leslie Drive Unit #723
Hallendale, FL 33009

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: ~~10/17/17~~ 11/10/17 (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

J. DelValle
Required Signature/Registered Agent

~~10/17/17~~ 11/10/17
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.

J. DelValle
Required Signature/Incorporator

~~10/17/17~~ 11/10/17
Date