

P18 0000000035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

NOV 02 2018



900306905089

12/29/17--01018--003 **87.50

FILED
17 DEC 29 PM 3:47
CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MITCHELL SPORTS MANAGEMENT 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MARK GOMEZ

Name (Printed or typed)

450 7TH AVENUE SUITE 308

Address

NEW YORK, NY 10123

City, State & Zip

212-858-0628

Daytime Telephone number

nycpacorp@hotmail.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: MITCHELL SPORTS MANAGEMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
12951 S.W. 42ND STREET
MIRIMAR, FL. 33027

Mailing address, if different is:
C/O GOMEZ TAX CORP
450 7TH AVENUE, SUITE 308
NEW YORK, NY 10123

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ATHELETE MANAGEMENT AGENCY SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DOMINIQUE MITCHELL

Address: 12951 SW 42ND STREET
MIRIMAR, FL. 33027

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
17 DEC 29 PM 3:47
CLERK OF STATE
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: DOMINIQUE MITCHELL
Address: 12951 SW 42ND STREET
MIRIMAR, FL 33027

ARTICLE VII INCORPORATOR

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

Name: MARK GOMEZ
Address: 450 7TH AVENUE, SUITE 308
NEW YORK, NY 10123

FILED
17 DEC 29 PM 3:47
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

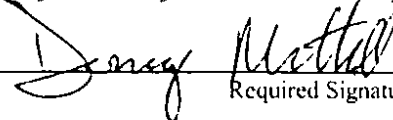
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/28/2017 (OPTIONAL)

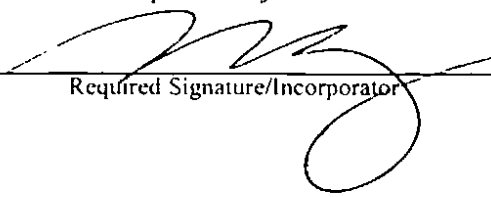
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 12/28/17
Required Signature/Registered Agent 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.

 12/28/17
Required Signature/Incorporator Date