



**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** ASE BASEBALL TRAINING INC  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

GIOVANNA P. TORRES

Contact Person

ASE BASEBALL TRAINING LLC

Firm/Company

3268 SW 143 PL

Address

MIAMI, FL 33175

City, State and Zip Code

GIOVANNA TORRES 22@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIOVANNA TORRES

Name of Contact Person

at ( 305 ) 904-9490

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees    ☒ \$113.75 Filing Fees and Certificate of Status    ☐ \$113.75 Filing Fees and Certified Copy    ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**

For

**"Other Business Entity"**

Into

**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

ASE Baseball Training, LLC. L13-F59186  
Enter Name of Other Business/Entity

2. The "Other Business Entity" is a LLC  
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA  
(Enter state, or if a non-U.S. entity, the name of the country)

on 11/12/2013  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

FLORIDA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

ASE Baseball Training Inc  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 11/12/13

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**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.

FILED  
18 JUN 29 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signed this 11 day of MAY, 20 18.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: [Signature]

Printed Name: JOAQUIN A SANCHEZ Title: PRESIDENT

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: [Signature]

Printed Name: JOAQUIN A SANCHEZ Title: PRESIDENT

Signature: [Signature]

Printed Name: GIOVANNA P TORRES Title: SECRETARY

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

FILED  
18 JUN 29 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: ASE BASEBALL TRAINING INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

Mailing address, if different is:

3268 SW 143 PL  
MIAMI, FL 33175

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY LAWFULL BUSINESS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 JUN 29 PM 2:25

FILED

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: JOAQUIN A SANCHEZ / PRESIDENT Name and Title: \_\_\_\_\_

Address: 3268 SW 143 PL Address: \_\_\_\_\_  
MIAMI, FL 33175

Name and Title: GIOVANNA P TORRES / SECRETARY Name and Title: \_\_\_\_\_

Address: 3268 SW 143 PL Address: \_\_\_\_\_  
MIAMI, FL 33175

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: Edith TORRES  
Address: 12558 NW 11 LN  
MIAMI, FL 33182

**ARTICLE VII INCORPORATOR**

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

Name: JOAQUIN A SANCHEZ  
Address: 3268 SW 143 PL  
MIAMI, FL 33175

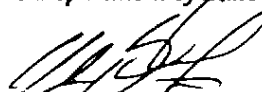
\*\*\*\*\*

*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

5/11/18  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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

5/11/18  
Date

FILED  
18 JUN 29 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA