

P180000079767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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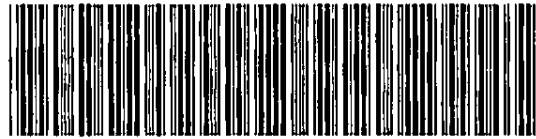
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. PAGE
SEP 24 2018

COVER LETTER

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

SUBJECT: FREESTYLE SPORT SUPPLY & EQUIPMENT, 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: JOSE L. WAINFELD
Name (Printed or typed)
9250 W. Bay Harbor Drive Apt 7-D
Address
Bay Harbor Islands, FL 33154
City, State & Zip
(305) 343 8780
Daytime Telephone number
joseusa@me.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: FREESTYLE SPORT SUPPLY & EQUIPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9250 W. Bay Harbor Drive Apt 7-D

9250 W. Bay Harbor Drive Apt 7-D

Bay Harbor Island, FL 33154

Bay Harbor Islands, FL 33154

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LEGAL BUSINESS / ACTIVITY PERMITTED IN THE
STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 100 (ONE HUNDRED)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE L. WAINFELD (Director)

Name and Title: _____

Address 9250 W. Bay Harbor Drive Apt 7-D

Address: _____

Bay Harbor Islands, FL 33154

Capital Stock : 50%

Name and Title: ORLANDO O. MOCCAGATTA -Directo

Name and Title: _____

Address 9250 W. Bay Harbor Drive Apt 7-D

Address: _____

Bay Harbor Islands, FL 33154

Capital Stock : 25%

Name and Title: NANETTE VELARDE - Director

Name and Title: _____

Address 9250 W. Bay Harbor Drive Apt 7-D

Address: _____

Bay Harbor Islands, FL 33154

Capital Stock : 25%

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: JOSE L. WAINFELD

Address: 9250 W. Bay Harbor Drive Apt 7-D

Bay Harbor Islands, FL 33154

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE L. WAINFELD

Address: 9250 W. Bay Harbor Drive Apt 7-D

Bay Harbor Islands, FL 33154

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TALLAHASSEE, FLORIDA

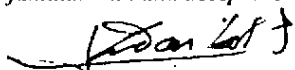
ARTICLE VIII EFFECTIVE DATE: 09/19/2018

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

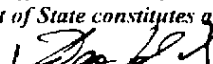


Required Signature/Registered Agent

09/19/2018

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.



09/19/2018