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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : TAX CARE CELEBRATION
Account Number : 120190000007
Phone : (786)845-8854
Fax Number : (321)473-3052

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Jessica.torres@taxcareinc.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
SOCCER CAGE RESIDENCE INC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2021/10/18 1:14:34

2021/10

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2021 OCT 20 AM 2:53

COVER LETTER

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

SUBJECT: SOCCER CAGE RESIDENCE 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: JESSICA TORRES
Name (Printed or typed)
1400 NW 107th AVE
Address
SWEETWATER FL. 33172
City, State & Zip
+1 786 8458854
Daytime Telephone number
jessica.torres@taxcareinc.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: SOCCER CAGE RESIDENCE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

250 NW 23rd STREET SUITE #301

250 NW 23rd STREET SUITE #301

MIAMI FL 33127

MIAMI FL 33127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any activity for which a Corporation may be lawfully incorporated in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stefano Ledda - President

Name and Title: Gabriel Hatem - Vice-President

Address 250 NW 23rd STREET SUITE #301

Address: 250 NW 23rd STREET SUITE #301

MIAMI FL 33127

MIAMI FL 33127

Name and Title: Christian Driussi - Director

Name and Title: Lillie Pena - Treasurer

Address 250 NW 23rd STREET SUITE #301

Address: 250 NW 23rd STREET SUITE #301

MIAMI FL 33127

MIAMI FL 33127

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Tax Care Doral
Address: 1400 NW 107th AVE
SWEETWATER FL. 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tax Care Doral
Address: 1400 NW 107th AVE
SWEETWATER FL. 33172

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

gblatam 10/18/2021
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.

gblatam 10/18/2021
Required Signature/Incorporator Date

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CLERK OF THE
DEPARTMENT OF
STATE