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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
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TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION LHB BASEBALL INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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FLORIDA CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

S. CHATHAM

APR 27 2022

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAMEThe name of the corporation shall be: LHB Baseball INC**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

10 CANAL ST MIAMI SPRINGS
FL 33166

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Baseball Academy
providing bats, Gloves, uniforms
& other items used in the sport.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:By the Bylaws**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: PRESIDENTAddress 10 CANAL ST
MIAMI SPRINGS
FL 33166Name and Title: EISLER LIVANAddress: HERNANDER

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FL 32399

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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:

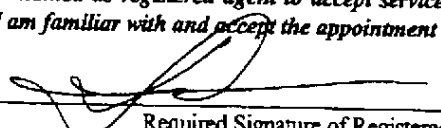
Name: EISLER LIVAN Hernandez
Address: 10 CANAL ST
MIAMI SPRINGS FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eisler Livan Hernandez
Address: 10 CANAL ST
MIAMI SPRINGS FL 33166

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

X 

Required Signature of Registered Agent

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.

X 

Required Signature of Incorporator

Date

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TALLAHASSEE, FL 32399

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