

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****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
International Basketball & Sports Academy Inc.

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

FILED
2023 MAR 30 PM 10:26
TALLAHASSEE, FL
FLORIDA DEPARTMENT OF STATE

00:01:00
2023

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profiq)

ARTICLE I NAME

The name of the corporation shall be: International Basketball & Sports Academy Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal street address13155 Amerigo Lane
Venice, Florida 34293

Mailing address, if different is:

13155 Amerigo Lane
Venice, Florida 34293**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: training and development basketball program

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Zelimir Stevanovic, Director

Address: 13155 Amerigo Lane
Venice, Florida 34293

Name and Title: Zelimir Stevanovic, President

Address: 13155 Amerigo Lane
Venice, Florida 34293

Name and Title: Zelimir Stevanovic, Secretary

Address: 13155 Amerigo Lane
Venice, Florida 34293

Name and Title: Zelimir Stevanovic, Treasurer

Address: 13155 Amerigo Lane
Venice, Florida 34293

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE FL

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: C T Corporation SystemAddress: 1200 South Pine Island Road Plantation.FL 33324**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Ian KlakAddress: 50 Fountain Plaza, Suite 1700Buffalo, New York 14202

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ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: upon 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*By, C T Corporation System_____
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.*/s/ Ian Klak
Required Signature/Incorporator03/28 2023
Date