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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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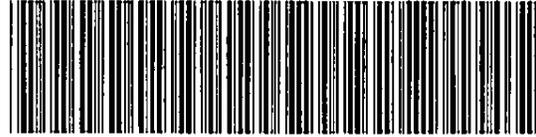
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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JD

16

COVER LETTER

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

National Soccer League, Inc.

SUBJECT: _____

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: TRUSTEEINC

Name (Printed or typed)

7900 N.W. 27TH. AVE NUE. STE. A04A

Address

MIAMI, FL 33147

City, State & Zip

786-344-3705 or 954-997-8 413

Daytime Telephone number

trusteeinc@gmail.com or royal academys@gmail.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: National Soccer League, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
835 N.W. 198th St #C
Miami Gardens, FL
33169

Mailing address, if different is:
P.O. Box 381134
Miami, FL 33238

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To uphold the highest standard of Sportmanship, and Athletic professionalism, within the Soccer industry world wide. It salutes it's cross-culture, heritage, and iconic coaches and players, that pose the way for novice youth and future players.

Through the Recruitment, invitation and hiring of national and Global players; assembling and centering teams; conducting workshop friendly matches/games, and centering professional players, they will help with the maintenance Acts and Scholarships for youth.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

- | | | | |
|-----------------|--|-----------------|---|
| Name and Title: | <u>Cristian Ortuzar</u> | Name and Title: | <u>Augusto Saintphard - Phd.</u> |
| Address: | <u>Exr/Pres/CEO/Coach</u>
<u>835 N.W. 198th St #C</u>
<u>Miami Gardens, FL 33169</u> | Address: | <u>3VP/Adm. Med.</u>
<u>835 N.W. 198th St #C</u>
<u>Miami Gardens, FL</u>
<u>33169</u> |
| Name and Title: | <u>LORNA R. Shuford, 1VP/Sch.</u> | Name and Title: | <u>Kevin Lopez/Coach/Adm. Tech Dir.</u> |
| Address: | <u>835 N.W. 198th St #C</u>
<u>Miami Gardens, FL 33169</u> | Address: | <u>835 N.W. 198th St. #C</u>
<u>Miami Gardens, FL 33169</u> |
| Name and Title: | <u>Mario Benitez, 2VP-Adm Coach</u> | Name and Title: | <u>Lynn William - RN/Adm.</u> |
| Address: | <u>835 N.W. 198th St. #C</u>
<u>Miami Garden FL 33169</u> | Address: | <u>Youth Coach.</u>
<u>835 N.W. 198th St. #C</u>
<u>Miami Gardens, FL 33169</u> |

Name and Title: Carla Lantino
Address: Adm. Sales & Vendor Dir.
835 N.W. 198th St. #C
Miami, FL 33169

Name and Title: Lizeth Guevara
Address: Admin Assist / PR. Dir
835 N.W. 198th St #C
Miami Gardens, FL 33169

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Trustee Inc
Address: 7900 N.W. 27th Ave. Ste A04A
Miami, FL 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LORNA SHUFORD
Address: 835 N.W. 198th St. #C
Miami Gardens FL 33169

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/02/2023. (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 08/01/2023
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.

Required Signature/Incorporator 08/01/2023
Date

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