

P98000041405

TRANSMITTAL LETTER

5-4-98

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

800002512258--3
-05/05/98--01147--011
*****70.00 *****70.00

SUBJECT: Coach D's Basketball Camp, Inc.
(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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Octavio DelAGRAJA
Name (Printed or typed)

9031 SW 45 Street
Address

Miami FL 33165
City, State & Zip

305-233-2030 Ext 216
Daytime Telephone number

98 MAY -5 PM 1:51
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

98-5-7-98

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Coch D's Basketball Camp Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. Box 562436
Miami FL 33256-2436

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

(500) Five Hundred

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Octavio DelAGRAJA
9031 SW 45 Street
Miami FL 33165

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Octavio DelAGRAJA
9031 SW 45 Street
Miami FL 33165

x [Signature]

Signature/Incorporator

5-4-98

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

x [Signature]

Signature/Registered Agent

5-4-98

Date

FILED
98 MAY -5 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA