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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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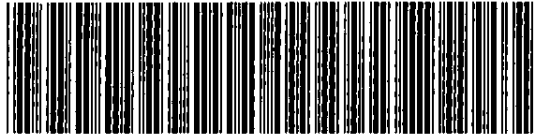
(Business Entity Name)

(Document Number)

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10 MAY 10 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5-11-10 ch

## COVER LETTER

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

SUBJECT: BARRACUDA SWIM BOOSTERS, 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 of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: E. J. WALKER  
Name (Printed or typed)

7.0. Box 2811  
Address

NEW SMYRNA BCH, FL 32170  
City, State & Zip

386 689-8060  
Daytime Telephone number

ewalker6@cfl.rr.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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

*BARACUDA SWIM BOOSTERS INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

*NEW SMYRNA BEACH HIGH SCHOOL  
1015 10TH ST.  
NEW SMYRNA BCH, FL 32168*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Provide volunteer and financial support for the New Smyrna Beach High School swim team.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*At an annual meeting to be held between April 1- May 30.*

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

*E. J. WALKER, 511 FAULKNER ST., NEW SMYRNA BCH., FL. 32168, President  
DAVE MACHUCA, 4623 S. ATLANTIC AVE., NEW SMYRNA BCH., FL. 32169, SECRETARY  
DENISE BRENNEMAN, 406 QUAY ASSISI, NEW SMYRNA BCH., FL. 32169, TREASURER*

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

*E. J. WALKER  
511 FAULKNER ST.  
NEW SMYRNA BCH., FL. 32168*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*DENISE BRENNEMAN  
406 QUAY ASSISI  
NEW SMYRNA BCH., FL. 32169*

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CLERK OF CIRCUIT COURT  
JULIA A. WALKER, CLERK

\*\*\*\*\*

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.

*[Signature]*  
\_\_\_\_\_  
Signature/Registered Agent

*5/7/10*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator  
*Denise Brennan*

*5/7/10*  
\_\_\_\_\_  
Date