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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

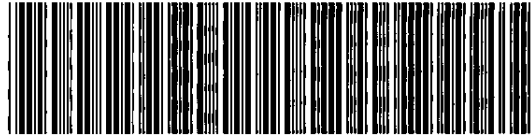
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 20 PM 3:11

APPROVED
FILED

Ps 9/20/10

COVER LETTER

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

SUBJECT: Osceola Senior Softball Corporation
(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: Alexander A. Frisenda Jr.
Name (Printed or typed)

7035 Big Bend Drive
Address

St. Cloud, Florida 34771
City, State & Zip

407-892-1601
Daytime Telephone number

afrisenda@embarqmail.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)

APPROVED
AND
FILED

10 SEP 20 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
Osceola Senior Softball Corporation

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
7035 Big Bend Drive
St. Cloud, FL, 34771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide a slow pitch softball league for those 55 years of age and older, with no regard to sex, creed or national origin, in order to provide a more healthful physical and mental lifestyle through exercise and social interaction.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
Members of the board of directors are elected for a 3 year term by the general membership of the organization.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
Alex Frisenda Jr., 7035 Big Bend Dr., St Cloud FL, 34771 Chairman
John Davison, 1136 Illinois Ave. St. Cloud FL, 34769 Vice Chairman
Julio Medina, 68 Blackberry Cr Dr. St Cloud FL, 34769 2nd Vice Chairman
Rick Arleo, 2338 Kings Crest Rd., Kissimmee, FL, 34744 Treasurer
Dean Droz 3534 Sanctuary Dr., St. Cloud, FL, 34769

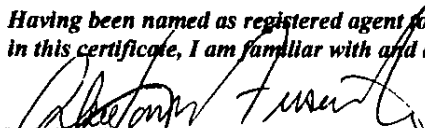
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Alexander A. Frisenda Jr.
7035 Big Bend Dr.
St. Cloud Fl, 34771

ARTICLE VII INCORPORATOR

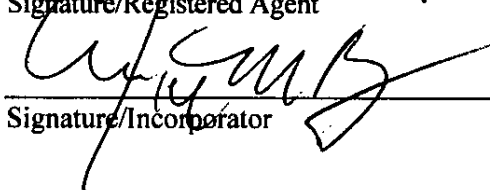
The name and address of the Incorporator is:
Angel M. Bermudez
1675 Marina Lake Dr.
Kissimmee, FL, 34744

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/Registered Agent

SEPT. 16 2010
Date



Signature/Incorporator

Sept 16 2010
Date