

N13000007221

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

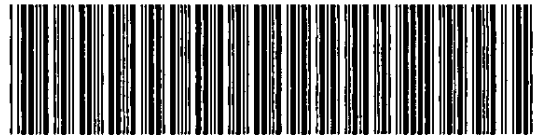
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200250209812

200250209812  
08/08/13--01021--006 \*\*87.50

FILED  
13 AUG -8 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 8/13

**COVER LETTER**

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

**SUBJECT:** SOUTH FLORIDA VOLLEYBALL ACADEMY, 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:** ROSS E. ADLER  
Name (Printed or typed)

2520 NW 16th LANE - BAY # 13  
Address

POMPANO BEACH, FL 33064  
City, State & Zip

954-971-1400  
Daytime Telephone number

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: SOUTH FLORIDA VOLLEYBALL ACADEMY, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2520 NW 16th LANE.

BAY # 13

POMPANO BEACH, FL 33064

Mailing address, if different is:

2520 NW 16th LANE

BAY # 13

POMPANO BEACH, FL 33064

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Coaching & Training Volleyball to youth.

FILED  
13 AUG -8 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

VOTING

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

1- Name and Title: ROSS E. ADLER Name and Title: \_\_\_\_\_

Address OFFICER / DIRECTOR Address: \_\_\_\_\_

2800 NE 20th STREET

POMPANO BEACH, FL 33062

2- Name and Title: LAURA ADLER Name and Title: \_\_\_\_\_

Address OFFICER / DIRECTOR Address: \_\_\_\_\_

2800 NE 20th STREET

POMPANO BEACH, FL 33062

3- Name and Title: BETTY BARTRAM Name and Title: \_\_\_\_\_

Address OFFICER / DIRECTOR Address: \_\_\_\_\_

P.O. Box 6186

DELRAY BEACH, FL 33482

4- Name and Title: DEREK HARRIS Name and Title: \_\_\_\_\_  
 Address: OFFICER / DIRECTOR Address: \_\_\_\_\_  
P.O. Box 6186  
DELRAY BEACH, FL 33482

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FILED  
 13 AUG - 8 PM 12: 52  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: ROSS E. ADLER  
 Address: 2520 NW 16th LANE - BAY #13  
POMPANO BEACH, FL 33064

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROSS E. ADLER  
 Address: 2520 NW 16th LANE - BAY #13  
POMPANO BEACH, FL 33064

*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*

*Ross E. Adler*  
 Required Signature of Registered Agent

7/31/13  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

*Ross E. Adler*  
 Required Signature of Incorporator

7/31/13  
 Date