

No3000002539

(Requestor's Name)

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(City/State/Zip/Phone #)

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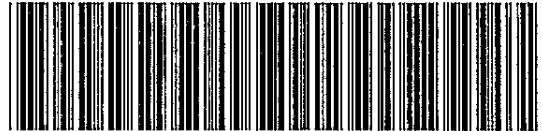
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 MAR 24 PM 3:03

03 MAR 24 PM 3:09

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

g/c 3/c

TRANSMITTAL LETTER

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

SUBJECT: Wakulla Junior's Volleyball Club, 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: Janie Johnson

Name (Printed or typed)

245 Rio Vista Drive

Address

Sopchoppy, FL 32358

City, State & Zip

850-697-8797

Daytime Telephone number

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:

Wakulla Volleyball Club, Inc.

ARTICLE II PRINCIPAL OFFICE

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

245 Rio Vista Drive, Sopchoppy, FL 32358

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the club is to provide off-season practice and regional competition for youth in the surrounding area through affiliation with USAV, Florida Region (United States Volleyball) and AAU (Amateur Athletic Union).

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The initial board was appointed by the USAV, FI Region 2003 designated Director. Initial board will fulfill future vacancies by internal elections.

ARTICLE V INITIAL DIRECTORS/OFFICERS (ALSO SEE ATTACHED)

The name(s), address(es) and title(s):

Dr. Andrea Carter, Chairman 77 Frank Jones Rd. Crawfordville, FL 32327
Dr. Jose Morales, Director 135 Sweetwater Circle Crawfordville, FL 32327
Maria Morales, Director 135 Sweetwater Circle Crawfordville, FL 32327
Sara Beth Jones, Director 273 Frank Jones Rd. Crawfordville, FL 32327
Shelly Potter, Director 99 Monocoupe Circle Ochlockonee Bay, FL 32346

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Dr. Jose Morales 135 Sweetwater Circle, Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Janie Johnson 245 Rio Vista Drive, Sopchoppy, FL 32358

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.

Jose Morales
Signature/Registered Agent

03/24/03
Date

Janie Johnson
Signature/Incorporator

03/24/03
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR 24 PM 3:09

ARTICLE V

JANIE JOHNSON, PRESIDENT

245 RIO VISTA DR

SOPCHOPPY, FL. 32358

BOBBIE JO CROUCH, SECRETARY

JAN EDDINGER, TREASURER