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SECRETARY OF STATE



TRANSMITTAL LETTER

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

SUBJECT: WEST TAMPA YELLOW JACKETS INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
\$70.00	\$78.75	578.75	☐ \$87.50	
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,	
	Certificate of	& Certified Copy	Certified Copy	
	Status		& Certificate	
		ADDITIONAL CO	PY REQUIRED	
	•			
FROM: CEDAZC MCMEUZAM Name (Printed or typed)				
Name (Printed or typed)				
8870 N HIMES AVE # 216				
Address				
TAMPA, FL 33614 City, State & Zip				
City, State & Esp				
(813) 842-0195				
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 FILED The name of the corporation shall be: WEST TAMPA YELLOW JACKETS INC. 04 MAR 26 PM 3: 29 ARTICLE II PRINCIPAL OFFICE SECRETARY OF STATE TALLAHASSEE, FLORIDA The principal place of business and mailing address of this corporation shall be: 8870 N HIMES AVE #216 TAMPA, FL 33614 ARTICLE III PURPOSE The purpose for which the corporation is organized is: YOUTH ROOTBALL AND CHEER LEADING ORGANIZATION ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed: DIRECTOR ARE ELECTED BY- ANNUALLY BY BOARD MEMBERS ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS CARY MENTURAN - 6505 YORKSHIRF CT # 323 - ATHLETEL OTRACTOR List name(s), address(es) and specific title(s): CEORZE MENZILIAN - S618 PINNACLE HOTS CZRELE # ZOY - CONCHING COORDINATOR TAMPA FL 33614 ANTONIZO STONE - YOU SANGRZA DE VALRZED, PL 3359 Y - ASST ATHLETER DERECTOR ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the registered agent is: CEORSE MCMZUZANI SGIB PENNACLE HOSS CZRCLE H-ZOY TAMPA, FL 3362H ARTICLE VII INCORPORATOR The name and address of the Incorporator is: CODRIZE MEMZUZAN 8870 N HZMFS AUF # 216 7AMPA FL 33614 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

CEPAZE P MEMBLE

Signature/Incorporator

CEPAZE F MEMBLE

Date

Date