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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

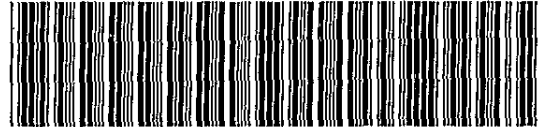
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STOKES McMILLAN & MARACINI P.A.

ATTORNEYS AT LAW
SUITE 1750 • ONE SOUTHEAST THIRD AVENUE
MIAMI, FLORIDA 33131

JUAN C. ANTÚNEZ
LL.M. IN ESTATE PLANNING
MICHELE A. MARACINI
LL.M. IN ESTATE PLANNING
JANE W. MCMILLAN
LL.M. IN TAXATION
BOARD CERTIFIED IN TAXATION
PAUL M. STOKES
BOARD CERTIFIED IN WILLS, TRUSTS AND ESTATES

TELEPHONE (305) 379-4008
FACSIMILE (305) 379-4848
E-MAIL info@smpalaw.com

WRITER'S DIRECT E-MAIL:
JYoung@smpalaw.com

September 9, 2004

FEDEX

Trk# 7902 6634 2034

Division of Corporations
Department of State
409 E. Gaines Street
Tallahassee, FL 32399

04 SEP 10 PM 2:09
DIVISION OF CORPORATIONS
STATE OF FLORIDA

Re: Eagle Aquatics Booster Club, Inc.

Dear Sir or Madam:

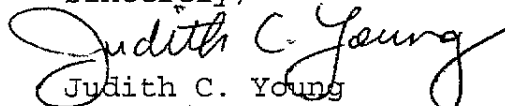
Enclosed please find an original and a duplicate of the Articles of Incorporation and Acceptance of Registered Agent for the above-referenced corporation. Also, enclosed is a check in the amount of \$78.75 which represents the following:

Filing Fee	\$35.00
Registered Agent Designation	35.00
Certified Copy	<u>8.75</u>
	\$78.75

Please return the certified copy of the Articles of Incorporation to us using the enclosed stamped, self-addressed envelope.

If you have any questions, please do not hesitate to contact me at 305-379-4008 or contact me by e-mail at JYoung@smpalaw.com.

Sincerely,


Judith C. Young
Legal Assistant

Enclosures

cc(with enclosures): Eagle Aquatics Booster Club, Inc.

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Eagle Aquatics Booster Club, Inc.

ARTICLE II PRINCIPAL OFFICE

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

10335 SW 35 Street, Miami, Florida 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To help financially support the Southwest Miami Senior High Aquatics program.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The officers/directors shall be elected annually in May preceeding the new school year.

The officers of the organization shall be: President, Treasurer/Secretary and Alumni Relations Director.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

President: Lori McCrimmon, 10335 SW 35 Street, Miami, Florida 33165
Treasurer/Secretary: Ruth Silvia, 5492 SW 89 Court, Miami, Florida 33165
Alumni Relations Director: Margaret I. Olson, 5400 SW 89 Avenue, Miami, Florida 33165

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lori McCrimmon, 10335 SW 35 Street, Miami, Florida 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lori McCrimmon, 10335 SW 35 Street, Miami, Florida 33165

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.

Lori D. McCrimmon
Signature/Registered Agent

8/16/04
Date

Lori D. McCrimmon
Signature/Incorporator

8/16/04
Date

04 SEP 10 PM 2:09
SECRET
DIVISION OF REVENUE