

N0500000/225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

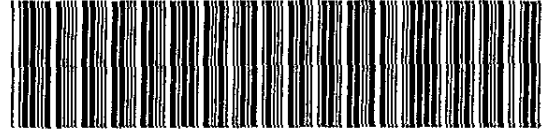
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## TRANSMITTAL LETTER

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

**SUBJECT:** Enough Said Softball 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:** Sirene Johnson

Name (Printed or typed)

1904 Saddle Brook Drive

Address

Tallahassee, FL. 32303

City, State & Zip

850-339-6106

Daytime Telephone number

**NOTE:** Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not-for-Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation.

Article I      NAME

The name of the corporation shall be:  
**Enough Said Softball Club, Inc.**

Article II      PRINCIPLE OFFICE

The principle place of business and mailing address of this corporation shall be:  
**1904 Saddle Brook Dr, Tallahassee, FL 32303**

Article III      PURPOSE (S)

The specific purpose for which the corporation is organized is: **To provide mentoring and tutoring to youth that are at-risk of dropping out of school. With the same youth, the Enough Said Softball Club provides softball clinics and competes in softball tournament across the county.**

Article IV      MANNER OF ELECTION OF DIRECTORS

**The manner in which the directors are elected or appointed will be a solicitation of business and layperson in the local community through advertisement. Each person(s) will be interviewed to ensure that the Goal and Vision of the candidate is the same as the Organization. The board will consist of no less than three-(3) members. A three-(3) year commitment will be required before re-election.**

Article V      INITIAL DIRECTORS AND/OR OFFICERS

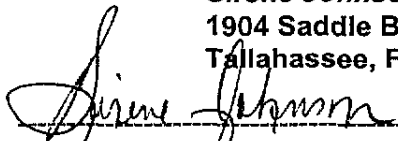
The names address and titles of the Directors/Officers. When naming Directors, 3 must be listed. The names of officers/directors may be required to apply for a license, open a bank account, etc. **See attachment**

Article VI      INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
**Sirene Johnson**  
**1904 Saddle Brook Dr**  
**Tallahassee, FL 32303**

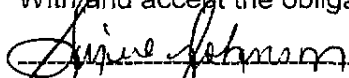
Article VII      INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation:  
**Sirene Johnson**  
**1904 Saddle Brook Drive**  
**Tallahassee, FL. 32303**

  
Signature/Incorporator

1/25/05  
Date

Having been named as registered agent and to accept service of process for the above stated Corporation at the place designated in this certificate, I hereby accept the appointment as Registered agent and agree to act in this capacity. I further agree to comply with the provisions Of all statutes relating to the proper and complete performance of my duties and I am Familiar With and accept the obligation of my position as registered agent.

  
Signature/Registered Agent

1/25/05  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Article V

Attachment

1. Stephen N. Jackson, Advisor  
One Stop Vision Center for the Special Population  
3001 E. Hanna Ave.  
Tampa, FL. 33610
2. Ian Houston, President  
Exclusive Savings  
2404 Mexia Ave.  
Tallahassee, FL 32304
3. Stacie Symonds, Secretary  
3705 Donovan Drive, Apt. A  
Tallahassee, FL 32309