

N05000002173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

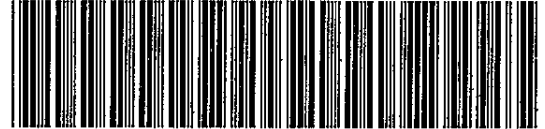
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

*[Handwritten signature]*



600047127606

02/28/05--01019--007 \*\*78.75

FILED  
05 FEB 28 PM 2:36  
RECEIVED  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: CENTRAL FLORIDA TITANS FASTPITCH, 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: CHARLES COLLINS  
Name (Printed or typed)

1509 BRIERCLIFF DR.  
Address

ORLANDO, FL 32806  
City, State & Zip

407-765-4754  
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)

**FILED**  
05 FEB 28 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

*CENTRAL FLORIDA TITANS FASTPITCH, INC.*

**ARTICLE II PRINCIPAL OFFICE**

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

*1509 BRIERCLIFF DRIVE  
ORLANDO, FL 32806*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*TO BE ABLE TO ACCEPT DONATIONS TO PAY FOR GIRLS  
FASTPITCH TOURNAMENTS AND COLLEGE EXPOSURES.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*APPOINTED BY PRESIDENT*

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

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

<i>CHARLES COLLINS - PRESIDENT</i>	<i>BERT LUKE - VP</i>	<i>JOHN CASSADY - TREAS.</i>
<i>1509 BRIERCLIFF DR.</i>	<i>3276 W. GEORGE CV.</i>	<i>4042 CONWAY PLACE CI.</i>
<i>ORLANDO, FL 32806</i>	<i>ORLANDO, FL 32812</i>	<i>ORLANDO, FL 32812</i>

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

*CHARLES COLLINS  
1509 BRIERCLIFF DR.  
ORLANDO, FL 32806*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*CHARLES COLLINS  
1509 BRIERCLIFF DR.  
ORLANDO, FL 32806*

\*\*\*\*\*

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.

*Charles Collins*  
Signature/Registered Agent

*2/23/05*  
Date

*Charles Collins*  
Signature/Incorporator

*2/23/05*  
Date