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Office Use Only



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SLORLIARY OF STATE

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## TRANSMITTAL LETTER

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

| ed is an original a | nd one(1) copy of the Art | icles of Incorporation and | a check for:   |
|---------------------|---------------------------|----------------------------|----------------|
| \$70.00             | <b>□</b> \$78.75          | <b>□</b> \$78.75           | \$87.50        |
| Filing Fee          | Filing Fee &              | Filing Fee                 | Filing Fee,    |
|                     | Certificate of            | & Certified Copy           | Certified Copy |
|                     | Status                    | •                          | & Certificate  |

SUBJECT: WEST ORANGE BABE RUTH LEAGUE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

ADDITIONAL COPY REQUIRED

FROM: RicHARD (Wilszott Name (Printed or typed)

1035 Hi GH MRA dow Road Address

Address

Address

City, State & Zip

407-617-4174

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:  |
|--|
| THE NAME OF THE CORPORATION SHALL BE WEST ORANGE BABE RUTH LEAGUE, I   |
| ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:   |
| 1035 HIGH MEADOW Rd, APONKA, FL 32703  |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  |
| ANY AND ALL LAWFUL NOT FOR PROFIT BASEBALL   |
| SOFT BALL IEDUCATION, TRAINING, AND SPORT FOR BOY AND CIRLS UNDER THE MEANING OF THE BOI (C) (3) IT The manner in which the directors are elected or appointed:  |
| BY VOTE OF 2/3 OF THE GENERAL MEMBERS PRESENT  |
| ATA MERTING SET FOR ELECTIONS.   |
| ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS  List name(s), address(es) and specific title(s):  (NONE AT THIS TIME)   |
| INITAL THREE DIRECTORS TO BE APPOINTED BY  |
| THE INCORPORATOR   |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS   |
| The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:   |
| RICHARD C WILMOT   |
| 1035 HIGH MEADOWRD, APOPKA, FL 32703   |
| ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  RICHARD C WILMOT   |
| 1035 High Meadow Rd APOPKA FL. 32703 FT  |
| 1035 1-161 MEACOW RC 13-01-14 1-2-32103 11-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1   |
| 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 appairs. |
| Richard Callmot 4/22 100   |
| Signature/Registered Agent Date  |
| Signature/Incorporator  Date  1/12/05  |