

N/060000005846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

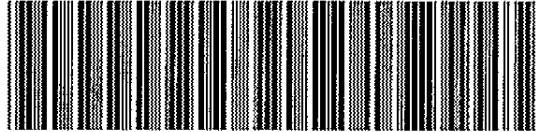
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/30/06--01030--028 **78.75

FILED
06 MAY 30 AM 10:06
SECTION OF STATE
PALM BEACH, FLORIDA

CB 6-1-06

COVER LETTER

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

SUBJECT: Student Athletes and Coaches Association 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: Michael Jones
Name (Printed or typed)

11450 Shady Rest Ct.
Address

Brooksville, FL 34601
City, State & Zip

352-279-6601
Daytime Telephone number

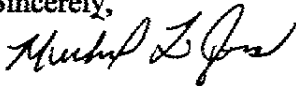
NOTE: Please provide the original and one copy of the articles.

Student Athletes and Coaches Association
11450 Shady Rest Ct.
Brooksville, Florida 34601
Phone: 352-279-6601

Dear Department of State:

My name is Micheal Jones. I am the President of Student Athletes and Coaches Association. I hereby submit these documents of the Articles of Corporation to the Department of State. Please contact me for confirmation or if the documents that I submitted are incomplete. Thank you!

Sincerely,



Micheal Jones
President of Student Athletes and Coaches Association

Enclosure

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

ARTICLE I NAME

The name of the corporation shall be:

Student Athletes and Coaches Association
Incorporated

ARTICLE II PRINCIPAL OFFICE

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

11450 Shady Rest Ct.
Brooksville, FL 34601

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for Student Athletes and Coaches
Association is to develop students and coaches
in local communities where resources are limited,
where

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

All potential directors will be appointed
by the of the organization.
president

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Michael Jones • Secretary
11450 Shady Rest Ct. • Treasurer
Brooksville, FL 34601
• President
• Vice President

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michael Jones
11450 Shady Rest Ct.
Brooksville, FL 34601

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Jones
11450 Shady Rest Ct.
Brooksville, FL 34601

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.

Michael L. Jones
Signature/Registered Agent

5/19/06
Date

Michael L. Jones
Signature/Incorporator

5/19/06
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 MAY 30 AM 10:06

FILED