

NO6000011711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

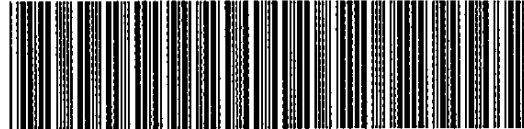
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 NOV -9 PM 3: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE NOV -9 2006

COVER LETTER

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

SUBJECT: Urban Youth Tennis Foundation 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: Keithley M. Soanes

Name (Printed or typed)

Po.Box 681755

Address

Miami, FL 33135

City, State & Zip

305 785-8877

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:

Urban Youth Tennis Foundation Inc

ARTICLE II PRINCIPAL OFFICE

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

1355 NW 135 St; North Miami, FL 33167; PO Box 681755 Miami, fl 33168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Teach Tennis, provide scholarships, and tutoring to Economically disadvantage Kids

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Any director, officer, commission chair, or commission member must be a regular member of the Non Profit Corporation.

The Board shall consist of at least seven (7) but not more than nineteen (19) Directors elected by the regular membership.

During the first Board of Directors meeting of each even numbered calendar year, the Director shall elect, from the Directorship, by majority vote of Directors present at the meeting.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Keithley M. Soanes, Executive Director
1251 SE 28 CT Homestead, FL 33035

George T. Henry , Asst. Director
2400 Chew Street; Allentown ,PA 18 104

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

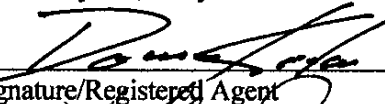
Donna Kirlaw
61111 Manchester Lane
Davie FL 33331

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Keithley M. Soanes
1251 SE 28 Ct.; Homestead, FL 33035

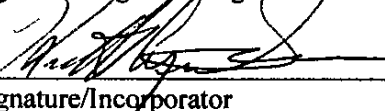
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent



Date



Signature/Incorporator

11/6/2006

Date

FILED

06 NOV -9 PM 3: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA