

N 08 00000 4040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

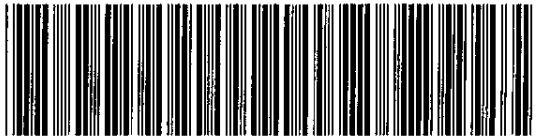
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
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cf 4/24/08

**COVER LETTER**

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

SUBJECT: Osceola Wranglers Girls Softball, 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: Bruce Gilbert  
Name (Printed or typed)  
306 Louisiana Ave.  
Address  
St Cloud FL 34772  
City, State & Zip  
(407) 709-8965  
Daytime Telephone number

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**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: Osceola Wranglers Girls Softball, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

306 Louisiana Ave  
St Cloud FL 34769

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to promote a non profit girls fastpitch organization

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed: the directors (board) are elected by members of the organization. Members consist of coaches, parents & board members.

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

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

Pres. - Bruce Gilbert 306 Louisiana Ave St Cloud FL 34769  
V.P. - Jay Nestle 4101 LK Gentry Rd. St Cloud FL 34772  
Secretary - Jennifer Carnethers 4161 Albritton Rd. St Cloud FL 34772  
Treasurer - Beverly Bond 3820 Forest Circle St Cloud FL 34772

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

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

Bruce Gilbert 306 Louisiana Ave  
St Cloud FL 34772

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jennifer Carnethers  
4161 Albritton Rd  
St Cloud FL 34772

\*\*\*\*\*  
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.

Bruce Gilbert  
Signature/Registered Agent Bruce Gilbert

4-21-08  
Date

Jennifer Carnethers  
Signature/Incorporator Jennifer Carnethers

4/21/08  
Date

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