

N08000004121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

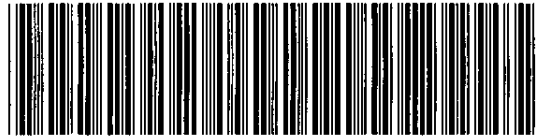
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-28-08
~~4-28-08~~
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2008

KELVIN CLUE
5115 POLARIS ST.
ORLANDO, FL 32819

SUBJECT: SOUTH ORLANDO TIGERS, INC.
Ref. Number: W08000020544

We have received your document for SOUTH ORLANDO TIGERS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please complete your name as registered agent and incorporator on the signature line.

If you have any further questions concerning your document, please call (850) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 708A00024492

COVER LETTER

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

SUBJECT: SOUTH ORLANDO TIGERS, 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: KELVIN CLUE

Name (Printed or typed)

5115 POLARIS STREET

Address

ORLANDO, FLORIDA 32819

City, State & Zip

407-953-8103

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:

SOUTH ORLANDO TIGERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

5115 Polaris Street
Orlando, Florida 32819

Mailing Address: P. O. Box 691981, Orlando, Florida 32839

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To foster and encourage youth to make positive life choices about establishing and maintaining values that make them productive, caring citizens through and within the world of sports.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

~~Originally appointed. Thereafter elected.~~

They will be elected as stated in the bylaws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

President - Kelvin Clue, 5115 Polaris Street, Orlando, Florida 32819
Vice President - Antionne Reynolds, 5126 Polaris Street, Orlando, Florida 32819
Secretary - Charmaine Adams, 6418 Cherry Grove Circle, Orlando, Florida 32809
Treasurer - Belinda Lewis, 50005 Uracus Street, Orlando, Florida 32837
Financial Secretary - Nikkiya Clue, 5115 Polaris Street, Orlando, Florida 32819

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Kelvin Clue
5115 Polaris Street
Orlando, Florida 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kelvin Clue, 5115 Polaris Street, Orlando, Florida 32819

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

Kel Cl
Signature/Registered Agent

4-18-08
Date

Kel Cl
Signature/Incorporator

4-18-08
Date