N000000478Xe

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300129681423

05/19/08--01003--006 **78.75



PILED

08 MAY 16 PM 3: 21

SECRETARY OF STATE

ALLAHASSEE



COVER LETTER

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

ECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCLUI</u>	DE SUFFIX)
_	•••	ticles of Incorporation and	
☐ \$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	

Name (Printed or typed)

3 for Mission Thace Gs

Address

Tallahassee Fl 72303

City, State & Zip

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:

Intenscholastic Activities Association of Florida !: , Inc.

ARTICLE II PRINCIPAL OFFICE

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

3801 Missium Trace Blud GS Tallahassee FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote Wholesome Intenscholastic High School Competition. Cultivate fair play and good sportsmanship, and INITIATION policies and programms THAT will safequend THE Values of Member Schools

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Apprivated by Member schools

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Christophen LAWRENCE - COMMODSONER 3801 MISSION TRACE Blud G5 Tallahassee fl 32303

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Christopher Lawrence
3801 Massium Trace Blud Gs
TallahassEE F1 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Chaistopher LANGRENCE Blod 65 3801 Mussium Trace Blod 65 Tallaharset F1 32303

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 Da

Clambo

May 16-08
Date

May 16-0F
Date