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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	_
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SECRETAL (); STATE TALLAHASSEE, FLORID



COVER LETTER

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

SUBJECT:	Indiantour Athletics 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

Filing Fee & Certified Copy \$87.50

Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Sohn Garrett

Name (Printed or typed)

8282 S.W. Torney Clements Gr.

Address

Tribantown, Pl. 34956

City, State & Zip

772 - 260 - 23 3 3 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: Indiantown A there's Association Inc.

ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 8282 5.00, Ton Indiantow n, Fl.	•
ARTICLE III PURPOSE The purpose for which the corporation is organize and manage sports programs in Indiantum.	Association is to
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed: The board of directors are elected or appointed: The board or appointed or appoin	rectors are to be by the Association.
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS List name(s), address(es) and specific title(s): Separate Sheet attached	with names tallresses
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address (P.O. Box NOT acceptable) of the registered agent John Garrett 8282 S.W. Tommy Clements In. Indiantown, Fl. 34956	APPROVIDED APPROVIDED 108 JUN 30 PH 12: SECRETARY OF STA TALLAHASSEE, FLOR is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Cristopher Harrison 8601 S.W. Hopwood Aue. Indiantown, Fl. 34956	DE 46
**************************************	************** at the place designated
n this certificate, I am familiar with and accept the appointment as registered agent and agree to ac	ct in this capacity. 8 08
ignature/Registered Agent Date	
	18/08

Président: John Garrett

8282 S.W. Tommy Clements Lu.
Indiantown, Fl. 34956

Vice President: Cristopher Harrison 8601 S.W. Hopwood Ave, IndiaAtown, Fl. 34956

Treasurer: Kim stripling 16251 s.w. morgan st. Indiantown, Fl. 34956

Secretary: Lloyd Jones 800 S.Z. Mouskry Road Studen, FL 34994

Safety Director: Ardis Jackson ct. 14742 SW 175H Ct. Indiantown, FL 34956