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TALLAHASSEE, FLORID,

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# **COVER LETTER**

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

SUBJECT: Hornets B	aseball, Inc. (PROPOSED CORPORAT	E NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed is an original	and one(1) copy of the Articl	es of Incorporation and a	ı check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate  PY REQUIRED	
FROM: Donald A. Scolaro, Jr.  Name (Printed or typed)				
2601 Berryvine Place Address			-	
Valrico, Fl 33596  City, State & Zip			-	
(813) 363-4557  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:

Hornets Baseball, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

776 W. Lumsden Road Suite 106 Brandon, FI 33511

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this non-profit corporation is to conduct the business affairs which provide for the fielding of a youth travel baseball team.

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed as coaches starting team.

# ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Donald A. Scolaro, Jr. 2601 Berryvine Place, Valrico, Fl 33596. President Tony Saladino III 505 Royal Wood Court, Valrico, Fl 33594. Vice-President

# SECRETARY OF STATE A

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Donald A. Scolaro, Jr. 2601 Berryvine Place Valrico, FL 33596

# ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Donald A. Scolaro, Jr. 2601 Berryvine Place Valrico, Fl 33596

***********	***********
Having been named as registered agent to accept service of pain this certificate, I am familiar with and accept the appointment	
Signature/Registered Agenty	
AND	01/05/2009
Signature/Incorporator	Date