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

Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

(MD) 9/22

COVER LETTER

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

| JBJECT: | SportsCanHelp.org, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | |
|-----------------------|---|-------------------------------------|--|
| closed is an original | . and one (1) copy of the Artic | cles of Incorporation and | a check for : |
| \$70.00 Filing Fee | Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate |
| • | | ADDITIONAL CO | PY REQUIRED |
| FROM: | David Richards Name (Pri | nted or typed) | - |
| · | 20423 State Road 7, St | uite F6-226 Idress | - |
| | Boca Raton, FL 33498 City, State & Zip | | |
| | 561-994-0220 Daytime Tele | ephone number | |
| | SportsCanHelp@yahoo | .com | |

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

| ARTICLE I 'NAME' | |
|---|---|
| The name of the corporation shall be: | |
| SportsCanHelp.org, Inc. | |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal street address and mailing address, if different | s: 5 |
| 20423 State Road 7, Suite F6-226, Boca Raton, FL | 10 SEP 20 PM |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | PA |
| You help youths through sports. | 1: 00 |
| ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed: | |
| The man lance of the | |
| The members of the organization shall elect the directors. | |
| The direct she directors. | |
| List name(s), address(es) and specific title(s): David Richards, President | |
| ARTICLE VI INITIAL REGISTERED AGENT AND S | |
| The name and Florida street address (P.O. Box NOT acceptate | le) of the registered agent is: |
| David Richards 20423 State Road 7, Suite F6-226, Boca Raton, FL 3 | 3498 |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | |
| David Richards | |
| 20423 State Road 7, Suite F6-226, Boca Raton, FL 3 | 3498 |
| ************ | ********** |
| aving been named as registered agent to accept service of process for th this certificate, I am familiar with and accept the appointment as regis. | e above stated corporation at the place designated ered agent and agree to act in this capacity. |
| an . | 9-15-10 |
| gnature/Registered Agent | Date |
| | 9-15-12 |

Date

Signature/Incorporator