

N10000009865

(Requestor's Name)

— 2424 aldrige ave.  
— Ft. Myers, FL  
— 33907

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

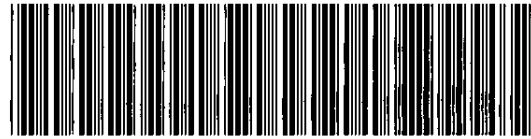
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Southwest Florida Wave 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: Ron RIIS  
Name (Printed or typed)

2424 ALDRIDGE AVE.  
Address

FORT MYERS, FL. 33907  
City, State & Zip

239-691-0438  
Daytime Telephone number

RRiisteach @ comcast.net  
E-mail address: (to be used for future annual report notification)

**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: **SOUTHWEST FLORIDA WAVE INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2424 AL Ridge AVE  
FORT MYERS FL  
33907

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **TO start an AAU Basketball Team (NON-PROFIT)**

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

**A vote by the parents who are the officers.**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RON REIS - President Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED

**ARTICLE VI REGISTERED AGENT**

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

Name: JAMES DEMILIA  
Address: 21620 INDIAN BAYOU Rd.  
FORT MYERS Bch  
33931

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RON REIS  
Address: 2424 ALORIDGE AVE  
FORT MYERS FL  
33907

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

James Demilia  
Required Signature of Registered Agent

10/9/10  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ron Reis  
Required Signature of Incorporator

10/9/10  
Date