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COVER LETTER

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

SUBJECT: Alliance of Women Coaches, 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	Safety States (Sector Sector S
	Certif

\$87.50 Filing Fee, Certified Copy & Certificate

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ADDITIONAL COPY REQUIRED

FROM: Celia M. Slater

Name (Printed or typed)

1660 Quail Dr.

Address

Dunedin, FL 34698

City, State & Zip

727-517-6764

1660 Qual antime Telephone number

celia@coachesacademy.org

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)

The purpose for which the corporation is organized is: Image: Cella Stater Advancement. Provide educational opportunities for women athletic coaches to aid in their professional development and career advancement. Image: Cella Stater Advancement. ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Image: Cella Stater Advancement. ARTICLE V Image: Manner of the cella Stater Advancement. Image: Cella Stater Advancement. Image: Cella Stater Advancement. Address: 1660 Quait Dr. Address: Address: Image: Cella Stater Advancement. Name and Title: Junedin, FL 34698 Image: Cella Stater Advancement. Image: Cella Stater Advancement. Name and Title: Mark and Title: Address: Image: Cella Stater Advancement. Image: Cella Stater Advancement. Name and Title: Mark Ann Salerno, Director Name and Title: Address: Image: Cella Stater Advencement. Address: 1660 Quait Dr. Address: Image: Cella Stater Advencement. Image: Cella Stater Advencement. Name: 1660 Quait Dr. Image: Cella Stater Advencement. Image: Cella Stater Advencement. Address: 1660 Quait Dr. Image: Cella Stater Advencement. Image: Cella Stater Advencement.	ARTICLE I The name of the c	NAME Alliance of Women C	oaches, Inc.				
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San Diego. CA 92117 Name and Title: Address: 4 Ridgo Rd. Louisville, KY 40205 Address: Louisville, KY 40205 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Celia Slater Address: 1660 Quail Dr. Dunedin, FL 34698 Mame: Celia Slater Address: 1660 Quail Dr. Dunedin, FL 34698 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I an familiar with and accept the appointment as registered agent and agree to act in this capacity Mawing Mean Name: 11 / 1/10	Address:	3201 Cadden Ct	٨ ما ما محمد				
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		Required Signature of Registered Agent		Date	e		

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.

Required Signature of Incorporator

11/1

Date