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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

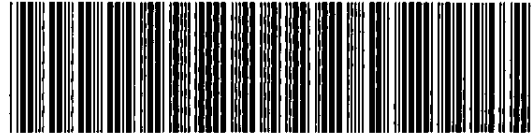
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

14

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

SUBJECT: Pirates Touchdown Club 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: Jo Larson  
Name (Printed or typed)

62 Blare Castle Dr  
Address

Palm coast FL 32137  
City, State & Zip

386 503 9566  
Daytime Telephone number

matanzastadclub@yahoo.com  
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)

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Pirates Touchdown Club, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

PRINCIPAL PLACE OF BUSINESS:  
3535 Old Kings Road North  
Palm Coast, FL 32137

MAILING ADDRESS:  
P.O. Box 354095  
Palm Coast, FL 32135

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Corporation is a Not For Profit Corporation. The purposes for which the Corporation is organized are:

- a) The primary purpose for which this Corporation is formed is to operate for the advancement of education and physical education of high school students by raising and distributing funds for such purposes, particularly in support of the Pirates Football programs and its players at Matanzas High School in Palm Coast, Florida.
- b) The general purpose for which this Corporation is formed is to operate exclusively for such charitable and educational purposes as will qualify it as an exempt organization under Section 501 c (3) of the IRS any subsequent federal tax law.
- c) Support & develop amateur athletes for National or International competition in baseball sport. The corporation is not for profit and no part of the corporation's net earnings may incur to the benefit of any private shareholder or individual.
- d) This corporation may engage or transact in recreational or competitive Football.

***ARTICLE IV MANNER OF ELECTION***

The manner in which the directors are elected or appointed:

The directors/officers are elected annually by being voted in by members. This corporation shall have no directors initially. The affairs of the corporation will be managed by the officers until such time directors are designated as provided by the bylaws.

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

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

Jo Larson President  
62 Blare Castle Dr  
Palm Coast, FL 32137

Lisa Sanchez Vice President  
70 Biscayne Dr  
Palm Coast, FL 32135

Roxanne Brown Treasurer  
3 Bannerwood Ln  
Palm Coast, FL 32137

Roxanne Brown Secretary  
3 Bannerwood Ln.  
Palm Coast, FL 32137

***ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS***

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

Keith Lagocki  
152 Birchwood Ln  
Palm Coast FL 32135

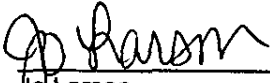
***ARTICLE VII INCORPORATOR***

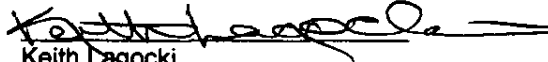
The name and address of the Incorporator is:

Jo Larson  
62 Blare Castle Dr  
Palm Coast, FL 32137

Keith Lagocki  
152 Birchwood Ln  
Palm Coast, FL 32135

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBERS HAVE EXECUTED THESE  
ARTICLES OF INCORPORATION ON THIS 1 DAY OF Nov,  
2010

  
Jo Larson

  
Keith Lagocki

STATE OF FLORIDA  
COUNTY FLAGLER

BEFORE ME PERSONALLY APPEARED, **Jo Larson and Keith Lagocki** TO ME WELL  
KNOWN AND KNOW TO ME TO BE THE INDIVIDUALS DESCRIBED IN AND WHO  
EXECUTED THE FOREGOING INSTRUMENT, AND THEY PURPOSE THEREIN  
EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
2010, IN PALM COAST, COUNTY AND STATE AFORESAID.

\_\_\_\_\_  
NOTARY PUBLIC as to Jo Larson

\_\_\_\_\_  
NOTARY PUBLIC as to Keith Lagocki

MY COMMISSION EXPIRES:

MY COMMISSION EXPIRES:

**ARTICLE VIII REGISTERED AGENT**

The name and Florida Street address of the registered agent is:

Keith Lagocki  
152 Birchwood Ln  
Palm Coast, FL 32137

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBERS HAVE EXECUTED THESE  
ARTICLES OF INCORPORATION ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,  
2010

\_\_\_\_\_  
Keith Lagocki

STATE OF FLORIDA  
COUNTY FLAGLER

BEFORE ME PERSONALLY APPEARED **Keith Lagocki**, TO ME WELL KNOWN AND  
KNOW TO ME TO BE THE INDIVIDUALS DESCRIBED IN AND WHO EXECUTED THE  
FOREGOING INSTRUMENT, AND THEY PURPOSE THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,  
2010 IN PALM COAST, COUNTY AND STATE AFORESAID.

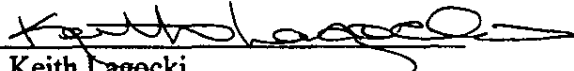
\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

**REGISTERED AGENT ACCEPTANCE**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES. I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

SIGNATURE

  
Keith Lagoeki

DATE

11/1/10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 NOV -4 PM 1:52

APPROVED  
AND  
FILED