

11/29/10

## COVER LETTER

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

SUBJECT: Gladiator Soccer Foundation, 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: Bart B. Koepke  
Name (Printed or typed)

105 Lake Lorraine Cir.  
Address

Shalimar, FL, 32579  
City, State & Zip

(850)803-1831  
Daytime Telephone number

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

2010 NOV 23 PM 3:48  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

**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: Gladiator Soccer Foundation, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
105 Lake Lorraine Cir.  
Shalimar, FL, 32579

Mailing address, if different is:  
P.O. Box 997  
Fort Walton Beach, FL, 32549

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2010 NOV 23 PM 3:48

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Promoting the importance of education, procure land to build community soccer facilities, provide funding and scholarships to youths attending Gladiator Soccer Academy, encourage sportsmanlike fitness, fairness, and fun in youth athletics, and fostering and advancing the game of competitive soccer.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: In accordance with methods and qualifications specified in the By-Laws.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bart B. Koepke, President  
Address: 105 Lake Lorraine Cir.  
Shalimar, FL, 32579

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

Name and Title: Rafael C. Quintin, Vice President  
Address: 804 Overbrook Dr.  
Fort Walton Beach, FL, 32547

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

Name and Title: LaTonya Falls, Treasurer/Registrar  
Address: 711A McKinney St.  
Niceville, FL, 32548

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

## ARTICLE VI REGISTERED AGENT

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

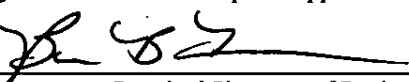
Name: Bart B. Koepke  
Address: 105 Lake Lorraine Cir.  
Shalimar, FL, 32579

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bart B. Koepke  
Address: 105 Lake Lorraine Cir.  
Shalimar, FL, 32579

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



Required Signature of Registered Agent

10 Nov 2010

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.



Required Signature of Incorporator

10 Nov 2010

Date