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SECRETARY OF STATE TALLAHASSEE, FLORIDA 11 FEB II, AM 8:



COVER LETTER

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

SUBJECT: The Miracle League For Highlands County, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original	and one (1) copy of the Art	icles of Incorporation an	d 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 C	OPY REQUIRED
	•		
FROM	: Pamela T. Karlson	n, P.A.	_ _
	301 Dal Hall Blv	d	
		Address	_
	Lake Placid, FL	33852 State & Zip	_
	863-465-5033	State & Zip	
	Daytime T	elephone number	_
	info@karlsonla	w.com	
	E-mail address: (to be used for	future annual report notifica	tion)

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





ARTICLE I	NAME		41 FER 11. AM R: 19
The name of the	corporation shall be: The Miracle League	e For Highlands C	County, Inc. 14. An or is
ARTICLE II	PRINCIPAL OFFICE		CEORETARY OF STATE
	Principal <u>street</u> address		Madha addies af differentia
	9 Park Avenue		17 Union of the Country of the Count
	Lake Placid, FL 33852		
ARTICLE III	PURPOSE		
The purpose for	which the corporation is organized is:		
To promote	community involvement on a local	and statewide lev	el by providing year round activities
			contributions; the construction and
operation of	baseball facilities for physically and	d/or mentally chal	lenged individuals.
ARTICLE IV	MANNER OF ELECTION The mann	er in which the directors	s are elected and appointed:
	ority of the Board	or in which die directors	and crossed and appointed.
	-	CTOBC	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTION Variable Director		Todd Moore, Director
Address:	22 Notre Dame Street		211 Rhapsody Avenue
	Lake Placid, FL 33852		Lake Placid, FL 33852
			
Name and	Title: Dennis Orlos, Director	Name and Title	:Adela Casey, Director
Address:	116 Huntley Court		537 Claremont Avenue
	Lake Placid, FL 33852		Lake Placid, FL 33852
Name and	Title: Saundra Bass, Director	Name and Title	: Jose Flores, Director
Address:	807 Lake Betty Drive	Address:	428 Vanguard Avene NW
	Lake Placid, FL 33852		Lake Placid, FL 33852
	 		
ARTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptab	le) of the registered ager	nt is:
Name: Address:	Pamela T. Karlson, P.A. 301 Dal Hall Blvd		
Address.	Lake Placid, FL 33852		
	Lake I lacid, I L 00002		
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	John Varady		
Address:	22 Notre Dame Street		
	Lake Placid, FL 33852		
			
			tated corporation at the place designated in thi
certificate, I am f	familiar with and accept the appointment as reg	gistered agent and agree	e to act in this capacity
	Genela Harlson		1/2/1/1
	Required Signature of Registered Age		1/26/11
	Required Signature of Registered Age	ent	Date
I submit this doc	ument and affirm that the facts stated herein o	are true. I am aware the	at any false information submitted in a documen
to the Departmen	it of State constitutes a phird degree felony as p	rovided for in s.817.155	, F.S.
			2/9/11
			-1 11
	Required Signature of Incorpor	ator	Date

Article V INITIAL OFFICERS AND/OR DIRECTORS Continued

Stephanie Pearson, Director 2333 Avalon Road Sebring, FL 33870

Article VIII DISSOLUTION:

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.