

N110000004028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

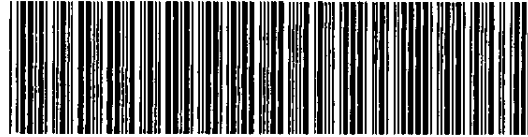
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 20 PM 2:43

APPROVED  
AND  
FILED

4/21

86

## COVER LETTER

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

SUBJECT: **Friday Night Lights Lacrosse 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: **Sarah Lowe**  
Name (Printed or typed)

**225 NE 1st St. #211**  
Address

**Delray Beach, FL 33444**  
City, State & Zip

**561-699-6773**  
225 NE 1st St. #211 Telephone number

**sarahlowe3101@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)

**ARTICLE I NAME**

The name of the corporation shall be: **Friday Night Lights Lacrosse INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
225 NE 1st St. #211  
Delray Beach, FL 33444

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of Friday Night Lights Lacrosse Inc is to provide a safe and fun environment for kids to play Lacrosse

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

The director shall be elected by the vote of the directors then in office; and those who receive the highest number of votes at a meeting in which a quorum is present shall be deemed to have been elected.

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

Name and Title: Sarah Lowe- President  
Address: 225 NE 1st St. #211  
Delray Beach, FL 33444

Name and Title: Chuck Miller- Vice President  
Address: 1064 Anchor Point  
Delray Beach, FL 33444

Name and Title: Anthony Lowe- Treasurer  
Address: 225 NE 1st St. #211  
Delray Beach, FL 33444

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

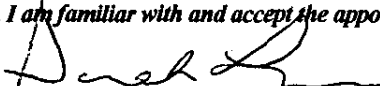
Name: Sarah Lowe  
Address: 225 NE 1st St. #211  
Delray Beach, FL 33444

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sarah Lowe  
Address: 225 NE 1st St. #211  
Delray Beach, FL 33444

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

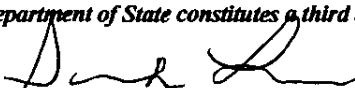


Required Signature of Registered Agent

4/18/11

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

4/18/11

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 20 PM 2:43

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