

W11000008776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



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(Business Entity Name)

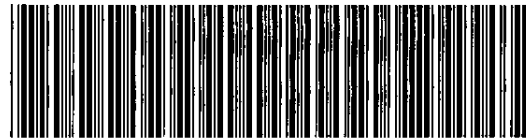
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W11-45912

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2011 SEP 15 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch SEP 16 2011

## COVER LETTER

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

SUBJECT: Lady Aces Volleyball Academy, 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: Laura Harms

Name (Printed or typed)

1590 Carillon Park Dr.

Address

Oviedo, FL 32765

City, State & Zip

1590 Carillon Park Dr. Telephone number

laura.harms3@gmail.com

E-mail address: (to be used for future annual report notification)

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



RECEIVED

11 SEP 15 AM 11:09

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
TALLAHASSEE, FLORIDA

September 6, 2011

LAURA HARMS  
1590 CARILLON PARK DR  
OVIEDO, FL 32765

SUBJECT: LADY ACES VOLLEYBALL ACADEMY, INC.  
Ref. Number: W11000045912

We have received your document for LADY ACES VOLLEYBALL ACADEMY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 111A00020621

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Lady Aces Volleyball Academy, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1590 Carillon Park Dr.  
Oviedo, FL 32765

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

~~Any and all lawful business.~~ YOUTH ATHLETIC CLUB

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Appointed

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

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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:

Laura Harms

Address:

1590 Carillon Park Dr.

Oviedo, FL 32765

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Laura Harms

Address:

1590 Carillon Park Dr.

Oviedo, FL 32765

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

Laura Harms

Required Signature of Registered Agent

8-30-2011

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.

Laura Harms

Required Signature of Incorporator

8-30-2011

Date