

N11000008781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

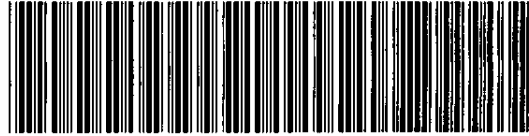
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Certified Copies _____

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09/06/11--01024--022 **78.75

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11 SEP 15 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

① corp. word.

COVER LETTER

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

SUBJECT: BAY AREA TIGERS

(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: **LUIS ROSARIO**

Name (Printed or typed)

PO BOX 336

Address

RUSKIN FL 33575-0336

City, State & Zip

407-371-9016

2900 N. ...

CFT@CENTRALFLORIDATIGERS.COM ✓

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

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1 SEP 15 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



RECEIVED

11 SEP 15 AM 11:04

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 7, 2011

LUIS ROSARIO
PO BOX 336
RUSKIN, FL 33575-0336

SUBJECT: BAY AREA TIGERS
Ref. Number: W11000046103

BAY AREA TIGERS, INC.

We have received your document for BAY AREA TIGERS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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) 245-6913.

Diane Cushing
Regulatory Specialist II Supervisor

Letter Number: 611A00020678

Please See Attached!

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

ARTICLE I NAME BAY AREA TIGERS, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2900 N. 15 ST TAMPA FL 33605

Mailing address, if different is:
PO BOX 336
RUSKIN FL 33575-0336

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
MONIR LEAGUE FOOTBALL ORGANIZATION/SEMI-PRO FOOTBALL

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

VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS ROSARIO - PRESIDENT
Address: PO BOX 336
RUSKIN FL 33575

Name and Title: RITA TORRES - TREASURER
Address: PO BOX 336
RUSKIN FL 33575

Name and Title: RITA ROSARIO - VICE PRESIDENT
Address: PO BOX 336
RUSKIN FL 33575

Name and Title: LISSY ROSARIO - SECRETARY
Address: PO BOX 336
RUSKIN FL 33575

Name and Title: ANACELIS BERDECIA - MANAGER
Address: PO BOX 336
RUSKIN FL 33575

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: LUIS ROSARIO
Address: 2900 N 15 ST TAMPA FL 33605

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS ROSARIO
Address: 2900 N 15 ST TAMPA FL 33605

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

9/2/11

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

9/2/11

Date

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11 SEP 15 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA