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COVER LETTER

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

SUBJECT: Cycle Logic Race Team, 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: Darryl J. Tompkins, Esquire
Name (Printed or typed)

Post Office Box 519
Address

Alachua, FL 32616
City, State & Zip

(386) 418-1000

14420 NW 41st Circle Telephone number

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: Cycle Logic Race Team, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
14420 NW 151st Boulevard
Alachua, Florida 32615

Mailing address, if different is:
P. O. Box 519
Alachua, Florida 32616

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A cycling sports club.

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

A majority vote of the membership/

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Darryl J. Tompkins P/D
Address: 14420 NW 151st Boulevard
P. O. Box 519
Alachua, FL 32616

Name and Title: P. Douglas Folkerth S/D
Address: 3701 NW 58th Place
Gainesville, FL 32653

Name and Title: Michael E. Robinson VP/D
Address: 5920 NW 83rd Terrace
Gainesville, FL 32653

Name and Title: _____
Address: _____

Name and Title: Kerry M. Duggan T/D
Address: 611 North Main Street
Gainesville, FL 32601

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: Darryl J. Tompkins
Address: 14420 NW 151st Boulevard
Alachua, FL 32615

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Darryl J. Tompkins
Address: 14420 NW 151st Boulevard
P. O. Box 519
Alachua, FL 32616

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

10/12/11
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

10/12/11
Date

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