

N11000009825



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10/03/11--01026--020 \*\*78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

ADD "DIRECTOR" TITLE  
TO ALL OFFICERS PER  
TELEPHONE CONVERSATION  
WITH C. CRAWFORD.

*K* 10/18/11

Office Use Only

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
11 OCT 17 PM 1:23

W11-51331

*K* 10/18/11

**COVER LETTER**

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

SUBJECT: Highlands County Dart Association 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Carrie Crawford  
Name (Printed or typed)

5848 Wolf Lake Rd.  
Address

Sebring, FL 33875  
City, State & Zip

863-382-1657  
5848 Wolf Lake Rd. Telephone number

cccisme74@yahoo.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 OCT 17 PH 3: 23

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2011

CARRIE CRAWFORD  
5848 WOLF LAKE RD.  
SEBRING, FL 33875

SUBJECT: HIGHLANDS COUNTY DART ASSOCIATION INC.  
Ref. Number: W11000051331

We have received your document for HIGHLANDS COUNTY DART ASSOCIATION INC. 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 of the entity must be identical throughout the document.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

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) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 611A00022893

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

**ARTICLE I NAME** Highlands County Dart Association Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 5848 Wolf Lake Rd.  
Sebring, FL 33875  
Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Highlands County Dart Association Inc.  
The purpose of HCDAA is to promote the growth of steel tip darts within the state of Florida and to provide an entertaining past time for adults.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:  
Voted on by the general membership.

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

Name and Title: Carrie Crawford President /D Address: 5848 Wolf Lake Rd. Sebring, FL 33875	Name and Title: Randi Fiscella Address: 1314 Katcalani Ave Sebring, FL 33870
Name and Title: Natalie Crawford Vice President /D Address: 3909 US Hwy 27 S Sebring, FL 33870	Name and Title: Address:
Name and Title: Marcella Sowards Treasurer /D Address: 3812 Paradise Dr. Sebring, FL 33870	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: Carrie Crawford  
Address: 5848 Wolf Lake Rd.  
Sebring, FL 33875

**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: Carrie Crawford  
Address: 5848 Wolf Lake Rd.  
Sebring, FL 33875

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

Carrie Crawford  
Required Signature of Registered Agent

9/20/2011  
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.

Carrie Crawford  
Required Signature of Incorporator

9/20/2011  
Date