

N12000003165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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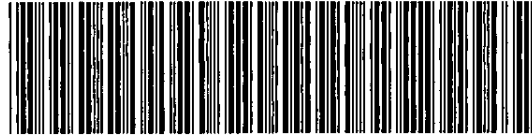
(Business Entity Name)

(Document Number)

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J. Shivers MAR 26 2012

**2012 MAR 22 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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COVER LETTER

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

SUBJECT: Florida Youth Athletic Scholarship Foundation 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: Gregory Butler
Name (Printed or typed)

467 Denise Street
Address

Tarpon Springs, FL 34689
City, State & Zip

727-452-4992
Telephone number

fyasf@kmgwgroup.net
E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: Florida Youth Athletic Scholarship Foundation Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
467 Denise Street
Tarpon Springs, FL 34689

Mailing address, if different is:
Kerry Walsh
225 Pineapple Street
Tarpon Springs, FL 34689

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide financial assistance to youths to enable them to join their local community athletic groups who would not be able to participate otherwise.

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

Appointed by founder.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gregory Butler, President
Address: 467 Denise Street
Tarpon Springs, FL 34689

Name and Title: _____
Address: _____

Name and Title: Andrew Flanagan, Vice-President
Address: 1619 Explorers Drive
Tarpon Springs, FL 3489

Name and Title: _____
Address: _____

Name and Title: Kerry Walsh, Treasurer
Address: 225 Pineapple Street
Tarpon Springs, FL 34689

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: Kerry Walsh
Address: 225 Pineapple Street
Tarpon Springs, FL 34689

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gregory Butler
Address: 467 Denise Street
Tarpon Springs, FL 34689

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

Kerry Walsh

Required Signature of Registered Agent

3-18-12

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.

[Signature]

Required Signature of Incorporator

3-18-2012

Date

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SECRETARY OF STATE