

N12000004183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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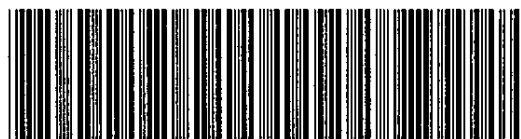
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
4/24/12

COVER LETTER

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

SUBJECT: OAK HILL SAINTS ATHLETIC 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

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: PATICIA WILLIAMS
Name (Printed or typed)

6870 103RD ST. APT. 601
Address

JACKSONVILLE, FL 32210
City, State & Zip

904-654-1719
6870 103RD ST. APT. 601 JACKSONVILLE, FL 32210
Phone number

PATICIA904@YAHOO.COM
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:

OAK HILL SAINTS ATHLETIC ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6870 103RD ST. APT. 601

JACKSONVILLE, FL 32210

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

IT IS OUR MISSION TO PROVIDE EXPERIENCES THAT ENCOURAGE MAXIMUM GROWTH FOR OUR PLAYERS INTELLECTUALLY, PHYSIACLLY, EMOTIONALLY, AND SOCIALLY AS WE PREPARE THEM FOR LIFE.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

WE ASSIGNED THESE POSITION BASED ON THEIR BACK GROUND AND EDUCATION IN THESE POSITION.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT- AARYN WILLIAMS

Address: 6870 103RD ST. APT. 601

JACKSONVILLE, FL 32210

Director

Name and Title: _____

Address: _____

Name and Title: CHEER DIRECTOR- PATICIA WILLIAMS

Address: 6870 103RD ST. APT. 601

JACKSONVILLE, FL 32210

Name and Title: _____

Address: _____

Name and Title: SECRETARY/ TREASURER- MATISHA WILLIAMS

Address: 6870 103RD ST. APT. 601

JACKSONVILLE, FL 32210

Director

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: PATICIA WILLIAMS

Address: 6870 103RD ST. APT. 601

JACKSONVILLE, FL 32210

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patricia Williams

Address: 6870 103RD ST. APT. 601

JACKSONVILLE, FL 32210

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

Patricia J. Williams

Required Signature of Registered Agent/ Incorporator

4/13/2012
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

Date

FILED
12 APR 23 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA