

N12000004653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

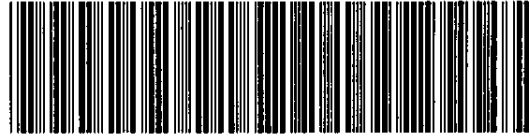
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAY -7 PM 3:06
STOCKHARDT OF STATE
TALLAHASSEE, FLORIDA

W12-22834

K 05/08/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2012

DONALD LLOYD LEONARD JR
272 WEST CARRIBEAN
PORT ST LUCIE, FL 34952

RECEIVED MAY 7 2012

SUBJECT: THE PORT ST LUCIE DART GROUP INC.
Ref. Number: W12000022834

We have received your document for THE PORT ST LUCIE DART GROUP INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please verify the spelling of the Street Name "CARRIBEAN".

— Caribbean

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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 212A00012632

COVER LETTER

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

SUBJECT: The Port St Lucie Dart Group, 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: Donald Lloyd Leonard Jr

Name (Printed or typed)

272 West Caribbean

Address

Port St Lucie, Florida 34952

City, State & Zip

(772) 201-6431

Daytime Telephone number

dleonard@petersendean.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: The Port St Lucie Dart Group Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
272 West Caribbean
Port St Lucie, Florida 34952

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To set up and organiza soft and steel tip dart leagues in the St Lucie County area.

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

Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donald Lloyd Leonard Jr
Address: 272 West Caribbean
Port St Lucie, Florida 34952
President

Name and Title: Craig Cummings
Address: 167 SE Klec Circle
Port St Lucie, Florida 34953
Director

Name and Title: Liam Leonard
Address: 2517 SE Dogwood Ave
Port St Lucie, Florida 34952
Director

Name and Title: Laurie Hendershot
Address: 6300 Floyd Johnson Rd
Fort Pierce, Florida 34947
Director

Name and Title: James Brewer
Address: 327 NE Solida Cir
Port St Lucie, Florida 34983
Director

Name and Title: Donald Leonard Sr
Address: 272 West Caribbean
Port St Lucie, Florida 34952
Director

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

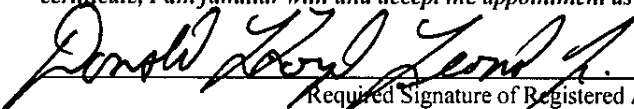
Name: Donald Lloyd Leonard Jr
Address: 272 West Caribbean
Port St Lucie, Florida 34952
President

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Donald Lloyd Leonard Jr
Address: 272 West Caribbean
Port ST Lucie, Florida 34952
President

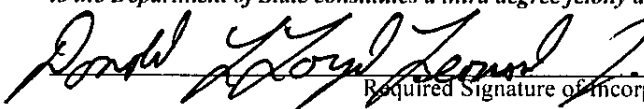
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

05/03/2012

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

05/03/2012

Date

FILED
12 MAY -7 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA