

N12000005721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

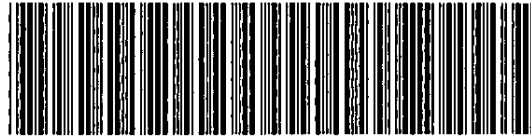
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800235338568

05/25/12--01023--018 **87.50

FILED
12 JUN -6 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W12-29487

06/07/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2012

BROWARD WOMAN'S LACROSSE UMPIRE ASSOCIATION, INC.
8232 SUMMERBREEZE LANE
BOCA RATON, FL 33496

SUBJECT: BROWARD WOMAN'S LACROSSE UMPIRE ASSOCIATION, INC.
Ref. Number: W12000029487

We have received your document for BROWARD WOMAN'S LACROSSE UMPIRE ASSOCIATION, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Corporate Name must be identical throughout the document; the acronym "BWLUIA" was used in the Purpose -- please spell out the name OR refer to it as the "Association".

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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: 612A00015430

COVER LETTER

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

SUBJECT: Broward Woman's Lacrosse Umpire 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: Broward Woman's Lacrosse Umpire Association, Inc.
Name (Printed or typed)

8232 Summerbreeze Lane
Address

Boca Raton, FLorida 33496
City, State & Zip

561-852-6108
Daytime Telephone number

hzisk@att.net
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:

Broward Woman's Lacrosse Umpire Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8232 Summerbreeze Lane

Boca Raton, Florida 33496

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide standardized officiating techniques by providing qualified officials to service all organizations, leagues, youth, youth leagues and schools including, but not limited to public schools, private schools, colleges, and universities. Broward Woman's Lacrosse Umpire Association, Inc. will provide training for new officials and re-certification clinics for existing officials to be current in rules interpretation, and rules implementation, procedures and mechanics. Any profits will be utilized for the continued education and training of our members and assist with the training of the youth players that we service.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

General elections will be held every two years.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Harry Ziskroit - President

Address: 8232 Summerbreeze Lane
Boca Raton, FL 33496

Name and Title: Marie Amatulli - Treasurer

Address: 5031 SW 94th Ave
Cooper City, FL 33328

Name and Title: Mike Nunzianta - Vice President

Address: 10151 Festival Way
Boca Raton, FL 33428

Name and Title: _____

Address: _____

Name and Title: Jennifer Hoover - Secretary

Address: 6810 NW 76th Court
Tamarac, FL 33321

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: Harry Ziskroit

Address: 8232 Summerbreeze Lane
Boca Raton, FL 33496

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Harry Ziskroit

Address: 8232 Summerbreeze Lane
Boca Raton, FL 33496

FILED
12 JUN -6 PM 2:26
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Harry Ziskroit
Required Signature of Registered Agent

6/01/2012

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.

Harry Ziskroit
Required Signature of Incorporator

6/01/2012

Date