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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet **53247**

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
PLANT CITY RAIDERS ALLSTAR ELITE INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

K 08/23/12

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Corporate Filing Menu

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TALLAHASSEE, FLORIDA

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12 AUG 22 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



August 22, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: PLANT CITY RAIDERS ALLSTAR ELITE INC.
REF: W12000043715

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000209858
Letter Number: 912A00021572

P.O BOX 6327 - Tallahassee, Florida 32314

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

ARTICLE I NAME

The name of the corporation shall be:

PLANT CITY RAIDERS ALLSTAR ELITE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
5732 WYNSTONE LANE
ZEPHRYHILLS, FL 33541

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

YOUTH PROGRAM FOR INNER CITY YOUTH.

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

AS STATED IN THE MINUTES AND BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P. MAURICE ANDERSON
Address: 615 S. CORONET STREET
PLANT CITY, FL 33566

Name and Title: _____
Address: _____

Name and Title: VP-JASON LEWIS
Address: 708 BOND STREET
PLANT CITY, FL 33566

Name and Title: _____
Address: _____

Name and Title: S/T MARKUS DRONE
Address: 710 MADISON STREET
PLANT CITY, FL 33566

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: MAURICE ANDERSON
Address: 615 S. CORONET STREET
PLANT CITY, FL 33566

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAURICE ANDERSON
Address: 615 CORONET STREET
PLANT CITY, FL 33566

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

Maurice Anderson
Required Signature of Registered Agent

8-21-12

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.

Maurice Anderson
Required Signature of Incorporator

8-21-12

Date

12 AUG 22 PM 12:21
STATE
TALLAHASSEE, FLORIDA