N120000/1434

| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | |
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| (Bu | isiness Entity Nan | ne) | | |
| (5) | | | | |
| (DC | cument Number) | | | |
| Certified Copies | _ Certificates | of Status | | |
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| Special Instructions to | Filing Officer: | , , , , , , , , , , , , , , , , , , , | | |
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Office Use Only



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11/15/12--01018--013 **78.75

FFECTIVE DATE 1/

MRD/12

COVER LETTER

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

SUBJECT: TAMPA BULLDOGS Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

(I KOT OBED COKT OKATE NAME MOST 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

\$87.50

Filing Fee & Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: STEVE BURKHARDT

Name (Printed or typed)

11310 MARLEE CT

Address

TAMPA FLORIDA 33635

City, State & Zip

7276412293

Daytime Téléphone number

bulldogstampa@gmail.com

E-mail address: (to be used for future annual report notification)

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



用ECEIVED PEC-7 AMII: 32

SECTION OF SECTE TALLAHEVISEE PLONIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2012

STEVE BURKHARDT 11310 MARLEE CT TAMPA, FL 33635

SUBJECT: TAMPA BULLDOGS INC.

Ref. Number: W12000057988

We have received your document for TAMPA BULLDOGS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 112A00027699

Division of Comparations DO DOV 6227 Tallahages Florida 2021

ARTICLES OF INCORPORATION

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

| FILED | |
|---|---|
| 12 DEC -7 PM | 3 |
| SECRETARY OF STATE ALLAHASSEL FIORIS | |

| ARTICLE 1 The name of the corp | VAME DOTATION Shall be: TAmpa Bill | dogs Inc | SECRETARY OF STATE ORIGINAL PLONE. |
|--------------------------------|--|---------------------------------------|--|
| ARTICLE II | PRINCIPAL OFFICE Principal street address 11310 markee ct tampa florida 33635 | - | Mailing address, if different is: |
| The purpose for whi | PURPOSE ch the corporation is organized is: Teac | | to young players. |
| EF. | FECTVE Jan 1 20 | | • |
| ARTICLE V | MANNER OF ELECTION The manner in PIRECTORS will be INITIAL OFFICERS AND/OR DIRECTO | which the directors are De appoint | elected and appointed: Find by the President |
| Name and Titl Address: | e: steve burkhardt President 11310 marlee ct tampa florida 33635 | Name and Title: Address: | |
| Name and Titl Address: | e: | Name and Title: Address: | |
| Name and Title Address: | e: | Name and Title:Address: | |
| | REGISTERED AGENT da street address (P.O. Box NOT acceptable) of steve burkhardt 11310 marlee ct tampa florida 33635 | of the registered agent is | : |
| | INCORPORATOR ess of the Incorporator is: | - | Effective JAN 1 2013 |
| Name: Address: | steve burkhardt 11310 mariee ct tampa florida 33635 | - - - | |
| | as registered agent to accept service of proce- iliar with and accept the appointment as registe | | |

Required Signature of Registered Agent

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