

N120000011590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

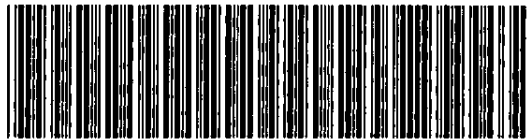
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12 DEC 12 PM 12:05
NOTARY PUBLIC
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: Indiantown Youth Sports 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: John Garrett

Name (Printed or typed)

8282 sw Tommy Clements In

Address

indiantown, fl. 34956

City, State & Zip

772-260-2303

Daytime Telephone number

johncgarrett@hotmail.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: Indiantown Youth Sports inc.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address
8282 sw tommy clements ln
Indiantown, Fl. 34956

12 DEC 12 PM 12:05

Mailing address, if different is:

8282 SW TOMMY CLEMENTS LN

INDIANTOWN, FL 34956

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Indiantown Youth Sports inc. will provide sports for the youth of Indiantown.

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

The directors are to be nominated by a member of the organization and voted on by the members of the organization

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Garrett (president)

Address: 8282 sw tommy clements ln
Indiantown, Fl 34956

Name and Title: Marshall Douglas (Vice President)

Address: 8025 sw fox brown rd.
Indiantown, Fl 34956

Name and Title: Regina Cox (treasurer)

Address: Po box 474
Indiantown, fl, 34956

Name and Title: Marysabel Gaspar (secretary)

Address: po box 447
Indiantown, Fl. 34956

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

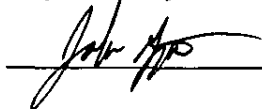
Name: John Garrett
Address: 8282 sw Tommy Clements ln
Indiantown, fl. 34956

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Garrett
Address: 8282 sw Tommy Clements ln
Indiantown, fl. 34956

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

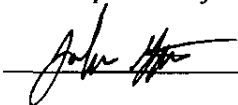


Required Signature of Registered Agent

11/21/12

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.



Required Signature of Incorporator

11/21/12

Date