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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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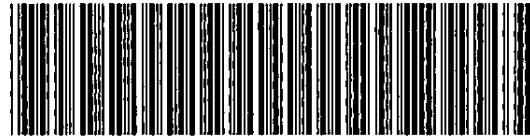
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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[Signature]

COVER LETTER

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

SUBJECT: CHEER CLUB CHEER AND DANCE 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: DIANNA L BLEVINS
Name (Printed or typed)

11834 MARY LEO DR
Address

HUDSON, FL 34669
City, State & Zip

727-856-3912
Daytime Telephone number

springtax@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: CHEER CLUB CHEER DANCE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

11834 MAYHOU DR
HUDSON, FL 34669

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO INSPIRE YOUTH THROUGH DANCE AND CHEER
TO PRACTICE THE IDEALS OF GOOD SPORTSMANSHIP & CITIZENSHIP.
ALSO TO PROMOTE MENTAL, PHYSICAL & MORAL HEALTH.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: VOTED
IN BY MEMBERS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIANNA L BLEVINS PRESIDENT Name and Title: _____

Address: 11834 MAYHOU DR Address: _____
HUDSON, FL 34669

Name and Title: ANITA MILLER Name and Title: _____

Address: 7333 BOULEVARD DR Address: _____
PORT RICHEY, FL 34668
SECRETARY / TREASURER

Name and Title: HATHER BANTING - Athletic Director Name and Title: _____

Address: 7104 Manor Beach Address: _____
New Port Richey, FL 34652

ARTICLE VI REGISTERED AGENT

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

Name: DIANNA L. BLEVINS

Address: 11834 MAYHOU DR
HUDSON, FL 34669

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: SUZANNE SPRING

Name: Thompson Accounting Service

Address: 13031 Parkwood St.

Hudson, FL 34669

777-819-0121

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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

Dianna L Blevins

Required Signature of Registered Agent

01-03-2013

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.

Suzanne Spring

Required Signature of Incorporator

1-3-13

Date