

N13000000411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

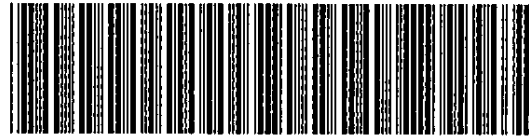
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600242275006

01/11/13--01008--015 **78.75

FILED
13 JAN 11 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~ 01/14/13

COVER LETTER

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

SUBJECT: Xtreme Team Booster Club, 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: C. MICHAEL SENEY
Name (Printed or typed)

115 PARK LANE
Address

WINTER HAVEN, FL 33884
City, State & Zip

(863) 318-9554
Daytime Telephone number

mseney5@gmail.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: Xtreme Team Booster Club, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

115 Park Lane
Winter Haven, FL 33884

Mailing address, if different is:

Same

FILED
13 JAN 11 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Xtreme Team Booster Club is a non-profit, charitable organization whose primary purpose is to provide support to the Xtreme Team, an adolescent dance team, through fundraising and volunteerism promoting the art of dancing. This organizational purpose is pursuant to section 501 (c) (3) of the Internal Revenue Code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Booster Club members are persons interested in promoting school aged dancers who make an application for membership and pay dues. *Club members nominate potential directors who are then elected by majority vote.*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name/Title: **C. Michael Seney, Director/President**
Address: **115 Park Lane**
Winter Haven, FL 33884

Name/Title: **Amanda Thompson, Director/VP**
Address: **204 Clovis Pass**
Winter Haven, FL 33880

Name/Title: **Dustin Chambers, Director/Secretary**
Address: **2534 Partridge Drive**
Winter Haven, FL 33884

Name/Title: **Courtney Eelman, Director/Treasurer**
Address: **161 Julliana Ridge Way**
Auburndale, FL 33823

Name/Title: **Greg Remor, Director**
Address: **15 Arthur Lane**
Winter Haven, FL 33880

Name/Title: **Val Walsh, Director**
Address: **500 Lake Juliana Drive**
Auburndale, FL 33823

Name/Title: **Chad Akin, Director**
Address: **644 Hart Lake Drive**
Winter Haven, FL 33884

ARTICLE VI REGISTERED AGENT

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

Name: **C. Michael Seney**
Address: **115 Park Lane**
Winter Haven, FL 33884

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **C. Michael Seney**
Address: **115 Park Lane**
Winter Haven, FL 33884

ARTICLE VIII MEMBERSHIP

Any adult in good standing interested in promoting the study of dance for young people shall be eligible for active membership in this organization upon payment of annual dues. No applicant can be denied membership based on Race, Creed, Sex, or Sexual preference. To be an active member, all dues must be paid for the current dance year (September 1 to August 31).

ARTICLE IX DISSOLUTION

In the event of the unlikely dissolution of this not-for-profit corporation, any and all remaining assets of said corporation shall be distributed to the following organization:

Theatre Winter Haven, Inc. or some other 501 (c) (3) organization supporting dance or the performing arts.

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

1/8/13
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

1/8/13
Date

FILED
13 JAN 11 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA