

N130000002060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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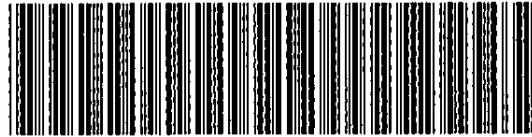
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Wallington Youth Sports Association, 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: Ladaron Clardy  
Name (Printed or typed)

2101 N. Lake Blvd  
Address

Pen 59019, FL 32505  
City, State & Zip

850 341-1101  
Daytime Telephone number

ladaronvision@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: Warrington Youth Sports Association, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2101 N Pace Blvd  
Pensacola, FL 32505

Mailing address, if different is:

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TALLAHASSEE FLORIDA  
SECRETARY OF STATE

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Our purpose is to grow and  
more children that are in need of an outlet to today's  
negative influences such as violence and obesity.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: vote on  
in annual meeting.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lauren Clardy President Name and Title: Robert Jackson vice president

Address: 2101 N. Pace Blvd Address: 3070 Patricia Dr.  
Pensacola, FL 32505 Pensacola 32506

Name and Title: Shirley McArthur Name and Title: Remie Prim Director

Address: Treasurer Address: 500 N Crow Rd.  
7506 Little Lane Pensacola, FL 32506  
Pensacola, FL 32506

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

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

Name: Ladaron Clardy

Address: 2101 N. Pace Blvd  
Pensacola, FL 32505

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ladaron Clardy

Address: 2101 N. Pace Blvd  
Pensacola, FL 32505

*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*

Ladaron Clardy  
Required Signature of Registered Agent

3-4-13  
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.*

Ladaron Clardy  
Required Signature of Incorporator

3-4-13  
Date