

N13000002937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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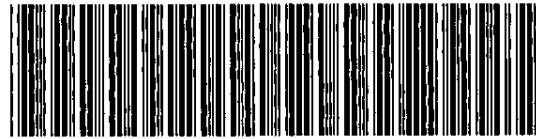
(Business Entity Name)

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13 MAR 27 AM 11:45
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
13 MAR 27 AM 11:34

3/27/13

COVER LETTER

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

SUBJECT: Winthrop Park Baseball, 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: Bill Behenna
Name (Printed or typed)

P.O. Box 15244
Address

Tallahassee, FL 32317
City, State & Zip

850-591-1293
Daytime Telephone number

president@winthroparkbaseball.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Winthrop Park Baseball, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1423 Mitchell Ave., Tallahassee, FL 32303

Mailing address, if different is:

P.O. Box 15244, Tallahassee, FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: youth baseball (Cal Ripken) league

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TALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: park bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bill Behenna, president

Address: 2148 Armistead Rd.
Tallahassee, FL 32308

Name and Title: Alan Baker, director

Address: 1423 Mitchell Ave.
Tallahassee, FL 32303

Name and Title: Lecia Behenna, vice president/treasurer

Address: 2148 Armistead Rd.
Tallahassee, FL 32308

Name and Title: Scott Williams, director

Address: 2807 Woodside Dr.
Tallahassee, FL 32312

Name and Title: Mac Craig, director

Address: 1410 Grape St.
Tallahassee, FL 32303

Name and Title: Kay Meyer, director

Address: 1423 Mitchell Ave.
Tallahassee, FL 32303

Name and Title: Rick Courtemanche, director

Address: 1423 Mitchell Ave.
Tallahassee, FL 32303

Name and Title: Brandi Keels, director

Address: 1423 Mitchell Ave.
Tallahassee, FL 32303

Name and Title: Steve Birtman, director

Address: 1423 Mitchell Ave.
Tallahassee, FL 32303

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: Bill Behenna
Address: 2148 Armistead Rd.
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bill Behenna
Address: 2148 Armistead Rd.
Tallahassee, FL 32308

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TALLAHASSEE, FLORIDA

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

Bill Behenna

Required Signature of Registered Agent

3-27-13

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.

Bill Behenna

Required Signature of Incorporator

3-27-13

Date