

N13000003791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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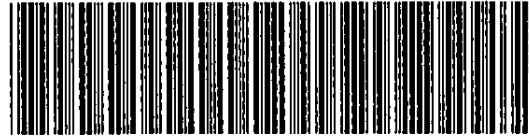
(Business Entity Name)

(Document Number)

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

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13 APR 19 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: **Coral Springs Predators Travel 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: **Paul Geraine**  
Name (Printed or typed)  
**5225 NW 58 Terrace**  
Address  
**Coral Springs, Fl. 33067**  
City, State & Zip  
**954-729-8508**  
Daytime Telephone number  
**pjg214@bellsouth.net**  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: Coral Springs Predators Travel Baseball Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

5225 NW 58 Terrace

Coral Springs, FL. 33067

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To create a non-profit boys travel baseball team. The team is funded solely by the families and/or donations that are received from the public or companies.

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

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

Name and Title: Paul Geraine/President

Address: 5225 NW 58 Terrace  
Coral Springs, FL. 33067

Name and Title: Michael Colantuno/Secretary

Address: 11022 NW 54 Ct  
Coral Springs, FL. 33076

Name and Title: Catherine Werner/Treasurer

Address: 2566 NW 121 Drive  
Coral Springs FL. 33065

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

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

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Paul Geraine

Address: 5225 NW 58 Terrace

Coral Springs, FL. 33067

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Paul Geraine

Address: 5225 NW 58 Terrace

Coral Springs, FL. 33067

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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*

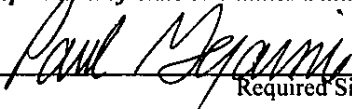


Required Signature of Registered Agent

04/16/2013

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.*



Required Signature of Incorporator

04/16/2013

Date