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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 8/13

COVER LETTER

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

SUBJECT: SOUTH FLORIDA VOLLEYBALL ACADEMY, 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: ROSS E. ADLER
Name (Printed or typed)

2520 NW 16th LANE - BAY # 13
Address

POMPANO BEACH, FL 33064
City, State & Zip

954-971-1400
Daytime Telephone number

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: SOUTH FLORIDA VOLLEYBALL ACADEMY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2520 NW 16th LANE.

BAY # 13

POMPANO BEACH, FL 33064

Mailing address, if different is:

2520 NW 16th LANE

BAY # 13

POMPANO BEACH, FL 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Coaching & Training Volleyball to youth.

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

VOTING

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

1- Name and Title: ROSS E. ADLER Name and Title: _____

Address OFFICER / DIRECTOR Address: _____

2800 NE 20th STREET

POMPANO BEACH, FL 33062

2- Name and Title: LAURA ADLER Name and Title: _____

Address OFFICER / DIRECTOR Address: _____

2800 NE 20th STREET

POMPANO BEACH, FL 33062

3- Name and Title: BETTY BARTRAM Name and Title: _____

Address OFFICER / DIRECTOR Address: _____

P.O. Box 6186

DELRAY BEACH, FL 33482

4- Name and Title: DEREK HARRIS Name and Title: _____
Address: OFFICER / DIRECTOR Address: _____
P.O. Box 6186
DELRAY BEACH, FL 33482
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: ROSS E. ADLER
Address: 2520 NW 16th LANE - BAY #13
POMPANO BEACH, FL 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROSS E. ADLER
Address: 2520 NW 16th LANE - BAY #13
POMPANO BEACH, FL 33064

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

Ross E. Adler
Required Signature of Registered Agent

7/31/13
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.

Ross E. Adler
Required Signature of Incorporator

7/31/13
Date