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(Reque	estor's Name)	
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP		MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE OIVISION OF CORPORATIONS



COVER LÉTTER

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

SUBJECT:	Florida Force Softball, 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:	Sabrina Hartsell		
	Name (Printed or typed)		
	1441 Fruit Cove Rd N		
	Address		
	St. Johns, FI 32259		
	City, State & Zip		
	904-338-1633		
	Daytime Telephone number		

FloridaForceSoftball@aol.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:

Florida Force Softball, Inc



ARTICLE II	PRINCIPAL OFFICE		13 SEP -3 PM 1:
Principal <u>street</u> address: 1441 Fruit Cove Rd N		Mailing address, if different is:	
St.	Johns, Fl 32259		
• •	r which the corporation is organized is:		oftball, Inc. is devoted to developing softbal
			ave successful high school and college careers,
			able, religious, educational, and scientific purposes as exempt organizations under section 501(C)(3)
	al Revenue Code, or corresponding s		
ARTICLE V Name and Title Address	Sahrina Hartsell/ President	RECTORS	Mike Hartsell/ VP 1441 Fruit Cove Rd N St. Johns, Fl 32259
Name and Title	Chuck Olessker, Treasure	. Name and Title	
Address	12276 San Jose Blvd, Suite 301	Address:	
Jacksonville, FL 32223	-		
Name and Title	:	Name and Title	
Address		_ Address:	
		-	·

Name and Title:		Name and Title:
Address _		Address:
-		
Name and Title:		Name and Title:
Address _		Address:
-		
ARTICLE VI	REGISTERED AGENT	
The name and F	lorida street address (P.O. Box NOT acc	ceptable) of the registered agent is:
Name:	Mike Hartsell	
Address:	1441 Fruit Cove Rd N	
	St. Johns, FI 32259	,
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	Mike Hartsell	·
Address:	1441 Fruit Cove Rd N	·
	St. Johns, Fl 32259	
		ee of process for the above stated corporation at the place designated in this t as registered agent and agree to act in this capacity
\rightarrow		8-30-13
	Required Signature of Registere	ed Agent Date
	ument and affirm that the facts stated he nt of State constitutes a third degree felon	rein are true. I am aware that any false information submitted in a document by as provided for in s.817.155, F.S.
m. 11	O AH	8/22/18
1,509	Required Signature of Inco	orporator Date

SECRETARY OF STATE OR STATE OR

Florida Force Softball, Inc.

Article IX: Additional Articles

UPON DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE DODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX DODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR PUBLIC PURPOSE. ANY SUCH ASSETS NOT DISPOSPED OF SHALL BE DISPOSED OF BY A COURT OF COMPETENT JURISDICTION OF THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE ORGANIZATION IS THEN LOCATED, EXLUSIVELY FOR SUCH PURPOSES OR TO SUCH ORGANIZATION OR ORGANIZATIONS, AS SAID COURT SHALL DETERMINE, WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH PURPOSES.