

N13000008003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

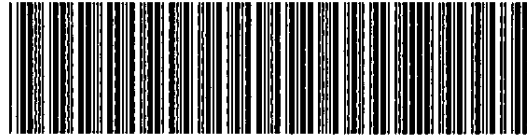
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 09/09/13

COVER LETTER

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

SUBJECT: Provisions 4 Players 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: Todd Wheeler

Name (Printed or typed)

215 Phoenetia Ave #2

Address

Coral Gables, FL 33134

City, State & Zip

305 608 5019

Daytime Telephone number

Wheeler.Todd@yahoo.com

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

NOTE: Please provide the original and one copy of the articles.

ARTICLE I NAME

Provisions 4 Players Inc

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address:
215 Phoenetia Ave # 2 Coral Gables FL
33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide equipment for individuals in need so they can have the opportunity to practice and improve
their skill in sports

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Directors will be elected by two thirds shareholders vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Quentin Wheeler President

Address: 215 Phoenetia Ave #2
Coral Gables, FL 33134

Name and Title:

Address:

Name and Title: Laureen Wheeler Treasurer

Address: 215 Phoenetia Ave #2
Coral Gables, FL

Name and Title:

Address:

Name and Title: Todd Wheeler VP

Address: 215 Phoenetia Ave #2
Coral Gables, FL 33134

Name and Title:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP -3 AM 10:02

FILED

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: Todd Wheeler
Address: 215 Phoenetia Ave #2
Coral Gables , FL 33134

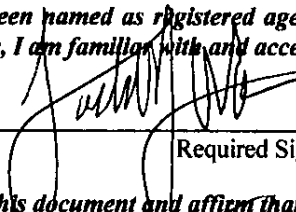
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Laureen Wheeler
Address: 215 Phoenetia Ave #2
Coral Gables, FL 33134

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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

8/23/2013
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

8/23/2013
Date