

N130000008067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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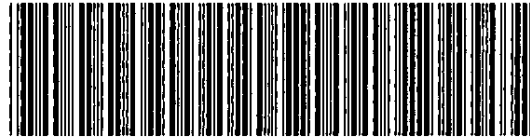
(Business Entity Name)

(Document Number)

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

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DIVISION OF CORPORATIONS  
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## COVER LETTER

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

SUBJECT: Athletes Pass It On, 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: Scott Richardson  
Name (Printed or typed)

2609 26th Court  
Address

Jupiter, FL 33477  
City, State & Zip

561-512-3275  
Daytime Telephone number

info@greatscottfilm.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)

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**ARTICLE I NAME**

The name of the corporation shall be: Athletes Pass It On, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2609 26th Court

Mailing address, if different is:

Jupiter, FL 33477

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A non-profit organization that collects and distributes athletic gear, and clothing for disbursement to under-privileged children in South Florida. The organization fosters an appreciation for all varieties of sports including football, baseball, basketball, golf, tennis and water sports. The goal is to contribute to a safe, fulfilling and athletically enriching environment for children of all ages. In the event of the dissolution of this organization any remaining assets will be distributed to charity.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Directors  
will be appointed on a yearly basis by the board of Trustees.

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

Name and Title: Evan Richardson/President

Address: 2609 26th Court  
Jupiter, FL 33447

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

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

Name and Title: Scott Richardson/ Vice President

Address: 2609 26th Court  
Jupiter, FL 33447

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

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

Name and Title: Barbara Richardson/Treasurer

Address: 2609 26th Court  
Jupiter, FL 33447

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

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

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DIVISION OF CORPORATIONS

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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: Scott Richardson  
Address: 2609 26th Court  
Jupiter, FL 33477

**ARTICLE VII INCORPORATOR**

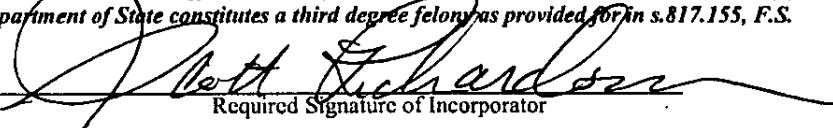
The name and address of the Incorporator is:

Name: Scott Richardson  
Address: 2609 26th Court  
Jupiter, FL 33477

*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*

 9/2/13  
Required Signature of Registered Agent 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.*

 9/2/13  
Required Signature of Incorporator Date