

N13000008087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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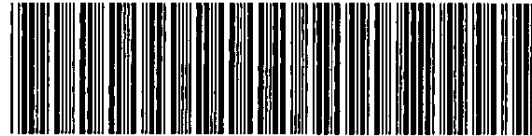
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
9/11/13

COVER LETTER

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

SUBJECT: Eagles Stoneman Douglas Softball Booster Club 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: Karen Damiani
Name (Printed or typed)

PO Box 8111
Address

Coral Springs, FL 33075
City, State & Zip

954-410-6621
Daytime Telephone number

gkdamiani@bellsouth.net
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: Eagles Stoneman Douglas Softball Booster Club Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5901 Pine Island Road

Parkland, FL 33076

Mailing address, if different is:
PO Box 8111

Coral Springs, FL 33075

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
To provide assistance to the softball program at Marjory Stoneman Douglas High School.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed is: _____
Elected by members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Debbie Petersen

Address: PO Box 8111
Coral Springs, FL 33075

Name and Title: Karen Damiani

Address: PO Box 8111
Coral Springs, FL 33075

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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: Karen Damiani

Address: 5901 Pine Island Road
Parkland, FL 33076

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Karen Damiani

Address: PO Box 8111
Parkland, FL 33075

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

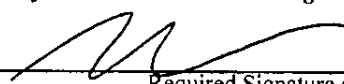


Required Signature of Registered Agent

9/3/2013

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

9/3/2013

Date