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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 9/12

## COVER LETTER

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

SUBJECT: THE FLORIDA VETERANS AMATEUR LEAGUE FOOTBALL TEAM,  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INC.

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: BRIAN SPEARS  
Name (Printed or typed)

1644 JAGUST RD.  
Address

NORTH PORT, FL. 34288  
City, State & Zip

(941) 815-3887  
Daytime Telephone number

bnbveteransofflorida@hotmail.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: THE FLORIDA VETERANS AMATEUR LEAGUE FOOTBALL TEAM, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1644 JAGUST RD.

NORTH PORT, FL. 34288

Mailing address, if different:

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To recognize the talent & skill of young adults in playing football. To be a positive influence in these young men's lives & try to further their careers & education by getting footage sent out to colleges or higher levels of football. To also give back to the veterans that have served for our country, & to help the families of the fallen (We play for the VETS). To operate this business w/o profit, but to recieve gifts, donations, etc in a lawful manner. To operate from fundraisers & a non-profit manner. No board members are to earn or benefit from earnings made. All profit goes

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: By vote Back to the Veterans  
as to who is best suited for title

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

Name and Title:

BRIAN SPEARS

Address:

1644 JAGUST RD.  
NORTH PORT, FL. 34288  
PRESIDENT

Name and Title:

ROBERT TEEL VICE PRESIDENT

Address:

2828 S. McCALL RD.  
STE. 32 PMB #51  
ENGLEWOOD, FL. 34224

Name and Title:

Curtis McCumy

Address:

1210 setliffe ct  
Port Charlotte FL. 33948  
TREASURER OF OPERATIONS

Name and Title:

JOHN IRELAND

Address:

7818 TAPLIN AVE  
NORTH PORT, FL 34291  
SECRETARY OF OPERATIONS

Name and Title:

Name and Title:

Address:

Address:

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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TALLAHASSEE, FLORIDA

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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: BRIAN SPEARS

Address: 1644 JAGUST RD  
NORTH PORT, FL 34288

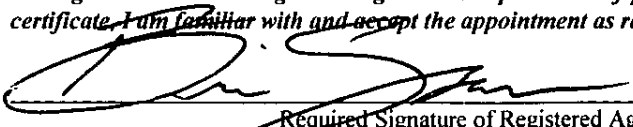
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BRIAN SPEARS

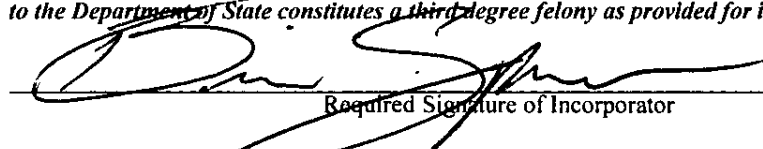
Address: 1644 JAGUST RD  
NORTH, PORT, FL 34288

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

09/03/13  
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.

  
Required Signature of Incorporator

09/03/13  
Date