

N130000008843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

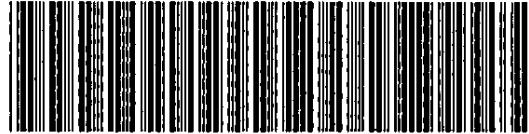
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Ryan Sadort **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT Add INC to name
DATE 10/1/13
DOC. EXAM MRD

Office Use Only



000252107330

09/30/13--01003--002 **87.50

FILED
13 SEP 30 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
10/1/13

COVER LETTER

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

SUBJECT: E8 Lacrosse *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: Ryan Sadorf
Name (Printed or typed)

2723 NW Timbercreek Cir
Address

Boca Raton, FL 33431
City, State & Zip

561-330-6999
Daytime Telephone number

ryan@vcg.cc
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: E8 Lacrosse INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
2723 NW Timbercreek Cir

Boca Raton, FL 33431

13 SEP 30 PM 12:41
Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide a safe environment to keep children playing sports and out of trouble

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Board members are appointed by the president each year

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ryan Sadorf Name and Title: _____

Address: 2723 NW Timbercreek Cir Address: _____
Boca Raton, FL 33431

Name and Title: Andrea Miller Name and Title: _____

Address: 7024 Montrico Dr Address: _____
Boca Raton, FL 33433

Name and Title: Anthony Lowe Name and Title: _____

Address: 906 Foxpointe Circle Address: _____
Delray Beach, FL 33445

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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13 SEP 30 PM 12:41

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: Ryan Sadorf

Address: 2723 NW Timbercreek Cir

Boca Raton, FL 33431

ARTICLE VII INCORPORATOR

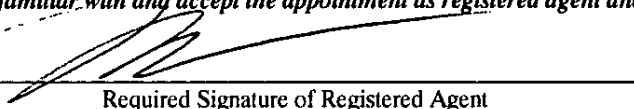
The name and address of the Incorporator is:

Name: Ryan Sadorf

Address: 2723 NW Timbercreek Cir

Boca Raton, FL 33431

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

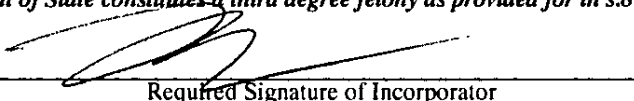


Required Signature of Registered Agent

9/25/13

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

9/25/13

Date