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| Special Instructions to | Filing Officer: | |
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Office Use Only



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13 OCT ZZ AM 8º 18 SECRETARY OF STATE ALLAHASSEE FLORIDA

W13-5923)

COVER LETTER

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

SUBJECT: EXTRA INNINGS CHARITY, 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 □ \$78.75 □ \$78.75 Filing Fee & Certificate of Status □ \$70.00 □ \$87.50 Filing Fee Filing Fee, Certificate Copy & Certificate

ADDITIONAL COPY REQUIRED

| FROM: | BRIAN DUNLEAVY |
|-------|--------------------------|
| | Name (Printed or typed) |
| | 8322 WINDSOR BLUFF DR |
| | Address |
| | TAMPA, FL 33647 |
| | City, State & Zip |
| | 813-777-5832 |
| | Daytime Telephone number |
| | |

DUNLEAVY03@GMAIL.COM

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

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



September 30, 2013

BRIAN DUNLEAVY 8322 WINDSOR BLUFF DR TAMPA, FL 33647

SUBJECT: EXTRA INNINGS CHARITY, INC.

Ref. Number: W13000054231

We have received your document for EXTRA INNINGS CHARITY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 213A00022936

www.sunbiz.org

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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

| RTICLE | II PRINCIPAL OFFICE | |
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| 83 | Principal <u>street</u> address: 322 WINDSOR BLUFF DR, | Mailing address, if different is: |
| <u>T</u> . | AMPA, FL 33647 | |
| | III PURPOSE e for which the corporation is organized is: RPRIVILEGED CHILDREN. | ONDITION BASEBALL EQUIPMENT FOR |
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| ARTICLE | | , , , , |
| | | r in which the directors are elected and appointed: |
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| | RECTORS ARE ELECTED BY VOTE. V INITIAL OFFICERS AND/OR DIRECTOR Na | Tors |
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| THE DIF ARTICLE Name and T Address | RECTORS ARE ELECTED BY VOTE. INITIAL OFFICERS AND/OR DIRECTOR BRIAN DUNLEAVY, DIRECTOR 8322 WINDSOR BLUFF DR. TAMPA, FL 33647 Fitle: ISABRUE JEMSEN, DR. Na | ETORS CHORS CH |
| ARTICLE Jame and T Address | RECTORS ARE ELECTED BY VOTE. INITIAL OFFICERS AND/OR DIRECTOR BRIAN DUNLEAVY, DIRECTOR 8322 WINDSOR BLUFF DR. TAMPA, FL 33647 Fitle: ISABRUE JENSEN, DE NO. 8322 WENDSON BLUFF ACTOR ACTORING AND ACTORING | Total Control of the directors are elected and appointed: |
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| Name and Title: | | Name and Title: | |
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| Address | | Address: | _ |
| | | Name and Title:Address: | |
| ARTICLE VI The name and Flo Name: Address: | REGISTERED AGENT rida street address (P.O. Box NOT accept BRIAN DUNLEAVY 8322 WINDSOR BLUFF TAMPA, FL 33647 | | FILL I |
| ARTICLE VII The name and add Name: Address: | INCORPORATOR Iress of the Incorporator is: BRIAN DUNLEAVY 8322 WINDSOR BLUFF TAMPA, FL 33647 | FDR. | 8 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| I submit this docu | Required Signature of Registered | in are true. I am aware that any false information subsass provided for in s.817.155, F.S. | 3/13 |