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COVER LETTER

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

SUBJECT: Soccer Club of Saint Cloud, 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: Susan Smith
Name (Printed or typed)

3172 Bayview Lane
Address

St Cloud, FL 34772
City, State & Zip

407-301-5708
Daytime Telephone number

treasurer@stcloudsoccer.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: Soccer Club of Saint Cloud, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3172 Bayview Lane
St Cloud, FL 34772

Mailing address, if different is:
PO Box 701835
St Cloud, FL 34770

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation does not contemplate pecuniary gain or profit tothe members thereof, and the specific purposes for which it is formed are as follows:

A: To promote soccer and recreation for the youth of Saint Cloud Florida

B: To encourage participation in soccer for the youth of Saint Cloud Florida and the surrounding area

C: To promote the sport of soccer in the Central Florida area

D: To equip, improve and maintain the soccer facilities in Saint Cloud Florida

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The method of election of directors shall be stated in the By-Laws of the Corporation

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian Cecil - President
Address 3287 Countryside View Dr
St Cloud, FL 34772

Name and Title: Kevin Archibauld - V Pres
Address: 3650 Michigan Ave
St Cloud, FL 34769

Name and Title: Hope Gines - Secretary
Address 3203 Slate Road
St Cloud, FL 34772

Name and Title: Lauren LeMay - Exec Dir
Address: 2110 Justice Lane
St Cloud, FL 34769

Name and Title: Susan Smith - Treasurer
Address 3172 Bayview Lane
St Cloud, FL 34772

Name and Title:
Address:

Name and Title: ____________________ Name and Title: ____________________

Address ____________________ Address: ____________________

____________________ ____________________

____________________ ____________________

Name and Title: ____________________ Name and Title: ____________________

Address ____________________ Address: ____________________

____________________ ____________________

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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: Susan Smith

Address: 3172 Bayview Lane

St Cloud, FL 34772

ARTICLE VII ***INCORPORATOR***

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

Name: Susan Smith

Address: 3172 Bayview Lane

St Cloud, FL 34772

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

Susan M Smith 11/20/13

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.

Susan M Smith 11/20/13

Required Signature of Incorporator Date