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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)

Al	₹T.	IC	LE	I	~*	N	AME

NAME deporation shall be: Soccer Club of Saint Cloud, Inc

ARTICLE I	I PRINCIPAL OFFICE				
317	Principal <u>street</u> address: 3172 Bayview Lane		Mailing address, if different is: PO Box 701835		
St	Cloud, FL 34772	St	St Cloud, FL 34770		
	TI PURPOSE for which the corporation is organized is: e members thereof, and the spec				
A: To pro	omote soccer and recreation for t	he youth of Sa	int Cloud Florida		
B: To end	courage participation in soccer for	r the youth of S	aint Cloud Florida and the surr	ounding area	
C: To pro	mote the sport of soccer in the	Central Florida	a area		
D: To equ	uip, improve and maintain the s	soccer facilitie	s in Saint Cloud Florida		
ARTICLE I election o	of directors shall be stated in the	By-Laws of th	directors are elected and appointed:	e method of	
Name and Tit	tle: Brian Cecil - President	Name and Title	Kevin Archibauld - V Pres	25 PH	
Address	3287 Countryside View Dr	Address:	3650 Michigan Ave	. 	
	St Cloud, FL 34772	_	St Cloud, FL 34769	ယ ယ	
Name and Tit	Hope Gines - Secretary	— Name and Title	Lauren LeMay - Exec Dir		
Address	3203 Slate Road	Address:	2110 Justice Lane	•	
	St Cloud, FL 34772		St Cloud, FL 34769		
Name and Tit	sle: Susan Smith - Treasurer	— Name and Title	· · · · · · · · · · · · · · · · · · ·		
Address	3172 Bayview Lane	Address:		-	
	St Cloud, FL 34772			•	
				-	

Name and Title		Name and Title:	
Address	•	Address:	
Name and Title:		Name and Title:Address:	
ARTICLE VI The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT a Susan Smith	cceptable) of the registered agent is:	
Address:	3172 Bayview Lane		750V 22
	St Cloud, FL 34772		ာ
ARTICLE VII The name and a	INCORPORATOR ddress of the Incorporator is: Susan Smith		PH 4: 33
Address:	3172 Bayview Lane		
Addiess.	St Cloud, FL 34772		
certificate, I am	familiar with and accept the appointment of Register Required Signature of Register	ered Agent	this capacity 11/20/13 Date
to the Departme	cument and affirm that the facts stated t nt of State constitutes a third degree felo	serein are true. I am aware that any false ony as provided for in s.817.155, F.S.	information submitted in a document
	Suscentification of Irequired Signature of Irequired Signature	corporator	11/20/13 Date