

1713 0000 10728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

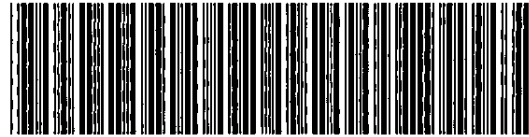
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Charlotte County Half Century Softball, 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: Paul Ryan
Name (Printed or typed)

25073 Marion Ave
Address

Punta Gorda, Fl. 33950
City, State & Zip

941-445-0863
Daytime Telephone number

paul@paryanlaw.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: Charlotte County Half Century Softball, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
c/o Paul Ryan Attorney at Law P.A.

Mailing address, if different is:

25073 Marion Ave

Punta Gorda, Fl 33950

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This league is organized for the purpose of
playing slow pitch softball on Tuesday and Thursday nights in Charlotte County,
Florida throughout the year and to promote harmony and fellowship among
its players.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: popular vote by members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President John Whelen

Name and Title: _____

Address 25073 Marion Ave
Punta Gorda, Fl 33950

Address: _____

Name and Title: Vice President Thomas McGill

Name and Title: _____

Address 25073 Marion Ave
Punta Gorda, Fl 33950

Address: _____

Name and Title: Secretary/Treasurer Bruce Ziegelbauer

Name and Title: _____

Address 25073 Marion Ave
Punta Gorda, Fl 33950

Address: _____

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Paul A. Ryan

Address: Paul Ryan, Atty at Law P.A. 25073 Marion Ave

Punta Gorda, Fl 33950

ARTICLE VII INCORPORATOR

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

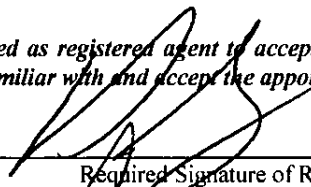
Name: Paul A. Ryan

Address: 25073 Marion Ave

Punta Gorda, Fl 33950

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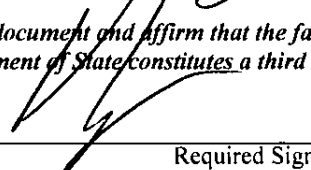
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

11/27/13
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

11/27/13
Date