

NI4000002188

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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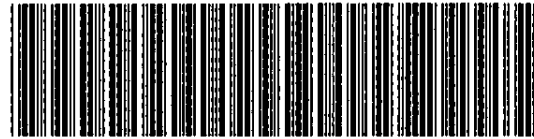
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Port St. Joe Dixie Youth Baseball, 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: Robert Pickels
Name (Printed or typed)

2112 Long Avenue
Address

Port St. Joe, FL. 32456
City, State & Zip

850-694-3758
Daytime Telephone number

Bobby_Pickels@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2014

ROBERT PICKELS
2112 LONG AVENUE
PORT ST. JOE, FL 32456

SUBJECT: PORT ST. JOE DIXIE YOUTH BASEBALL, INC.
Ref. Number: W14000005934

We have received your document for PORT ST. JOE DIXIE YOUTH BASEBALL, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of 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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 114A00001944

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

ARTICLE I NAME

The name of the corporation shall be: Port St. Joe Dixie Youth Baseball, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
Port St. Joe Dixie Youth Baseball, Inc.
610 8th Street
Port St. Joe, FL. 32456

Mailing address, if different is:
Port St. Joe Dixie Youth Baseball, Inc.
P.O Box 1101
Port St. Joe, FL. 32457

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The exclusive purpose of this corporation shall be education.

It shall strive to train the minds, bodies, and spirits of the boys and girls of
Port St. Joe, Florida for the purpose of developing their capabilities. It shall
seek to promote that ultimate goal of a strong character, a right attitude, a sense of
responsibility, and citizenship, using the game of baseball as a vehicle.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The members
of the corporation shall be elected by a majority vote of the supervisory members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pickels, Robert. Pres.

Address: 2112 Long Avenue
Port St. Joe, FL 32456

Name and Title: Player, Jeff. Vice Pres.

Address: 106 Ocean Plantation Circle
Mexico Beach, FL. 32456

Name and Title: Pickels, Carly. Director

Address: 2112 Long Avenue
Port St. Joe, FL. 32456

Name and Title: Buzzett, Brad. Director

Address: 124 Cabell Drive
Port St. Joe, FL. 32456

Name and Title: Taylor, Matthew. Secretary

Address: 220 Kim Kove
Mexico Beach, FL. 32456

Name and Title: Fidler, Josh. Director

Address: 382 Ling Street
Port St. Joe, FL. 32456

Name and Title: Cumbe, Tammy. Director

Address: 1309 McClelland Avenue
Port St. Joe, FL. 32456

Name and Title: Dailey, Kayla. Treasurer

Address: 110 Sunset Circle
Port St. Joe, FL. 32456

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: Pickels, Robert

Address: 2112 Long Avenue
Port St. Joe, FL. 32456

ARTICLE VII INCORPORATOR

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

Name: Taylor, Matthew

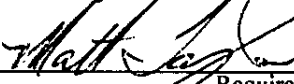
Address: 220 Kim Kove
Mexico Beach, FL. 32456

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

3/2/2014
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

2/23/14
Date

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