

N14000002933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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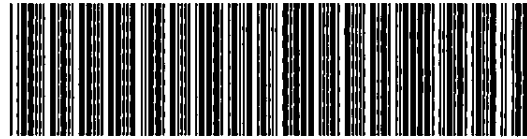
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 24 PM 4:03

3/26/14

COVER LETTER

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

SUBJECT: Devin's Sports Funding Foundation Corp.
(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: Jennifer Vander Lind
Name (Printed or typed)

104 Half Moon Circle #C3
Address

Hypoluxo, FL 33462
City, State & Zip

561-301-1755
Daytime Telephone number

jenvanderlind@yahoo.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: Devin's Sports Funding Foundation Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

104 Half Moon Circle #C3

Hypoluxo, FL 33462

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To raise money for children who want to play sports and who's families do not have the funding. Children will be able to apply for funding and sponsorship assistance so that they can obtain the funding to cover the cost of the sports fees. Fundraising events will take place as well as direct donations to provide the necessary funds needed to sponsor these children.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: appointed by the originator of this corporation and and elected my other members.

A board of directors has been

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer Vander Lind - Executive Director

Address: 104 Half Moon Circle #C3
Hypoluxo, Fl 33462

Name and Title: Misty Lupinacci - Chair

Address: 725 Banks Rd
Margate, FL 33063

Name and Title: Kelly Boyle - Treasurer

Address: 1350 Camino Gardens Blvd, Suite 302,
Boca Raton, FL 33432

Name and Title: Nicole Evelyn - Events Chair

Address: 1110 Longlea terrace
wellington, Fl 33414

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAR 24 PM 4:03

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: Jennifer Vander Lind

Address: 104 Half Moon Circle #C3
Hypoluxo, FL 33462

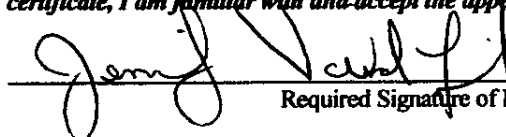
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jennifer Vander Lind

Address: 104 Half Moon Circle #C3
Hypoluxo, FL 33462

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

03/19/2014

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

03/19/2014

Date