

N14000003436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

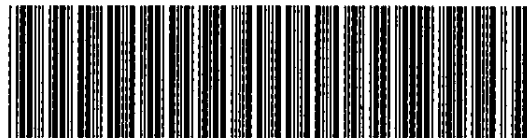
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR - 7 AM 11:55

700258366627
4/1/14

COVER LETTER

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

SUBJECT: St. Lucie Outlaws 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: Nanette W Trout

Name (Printed or typed)

2714 Placid Ave

Address

Fort Pierce FL 34982

City, State & Zip

(772)971-8895

Daytime Telephone number

stlucieoutlaws@gmail.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: St. Lucie Outlaws Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2714 Placid Ave

Mailing address, if different is:

Fort Pierce FL 34982

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To set-up Softball Team to collect dues and fees.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
APR - 7 AM 11:58

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Team Vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David A Trout - President

Address: 2714 Placid Ave
Fort Pierce FL 34982

Name and Title: Mark Montalto - Vice President

Address: 2281 SE Melalduca Blvd
Port St Lucie FL 34952

Name and Title: Michael Trout-Sec/Treasure

Address: 4414 Areca Palm Dr.
Fort Pierce FL 34982

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Nanette W Trout
Address: 2714 Placid Ave
Fort Pierce FL 34982

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nanette W Trout
Address: 2714 Placid Ave
Fort Pierce FL 34982

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

04/03/2014

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

04/03/2014

Date