

N 14000007962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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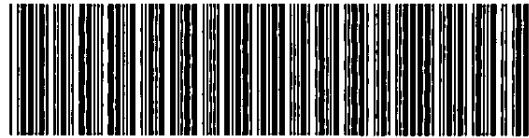
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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8/27/14

## COVER LETTER

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

SUBJECT: **Temple Terrace Youth Pony 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: **John McDarby**  
Name (Printed or typed)

**10413 Elberton Ave**  
Address

**Thonotosassa, FL 33592**  
City, State & Zip

**813-363-3597**  
Daytime Telephone number

**john55mac@yahoo.com**  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**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: Temple Terrace Youth Pony Baseball, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
10369 US Hwy 301 N.

Thonotosassa, Florida 33637

Mailing address, if different is:  
10413 Elberton Ave.

Thonotosassa, Florida 33592

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: is as provided in the ByLaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: John McDarby/President

Address: 10413 Elberton Ave.  
Thonotosassa, Florida 33592

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: William Rice / VP

Address: 1301 WINDSOR WAY  
TAMPA, FL 33619

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Dian McElhane / Treasurer

Address: 13528 GAVIN RD  
DOVER, FL 33527

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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: John McDarby

Address: 10413 Elberton Ave  
Thonotosassa, Florida 33592

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: John McDarby

Address: 10413 Elberton Ave  
Thonotosassa, Florida 33592

*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:*

John McDarby  
Required Signature of Registered Agent

8-19-2014  
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.*

John McDarby  
Required Signature of Incorporator

8-19-2014  
Date