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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JAN 13 PM 1:00

01/15/15

## COVER LETTER

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

SUBJECT: Jaguars Baseball Club of Coral Springs 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: Kim Loss  
Name (Printed or typed)  
11561 Northwest 4th Manor  
Address  
Coral Springs FL 33071  
City, State & Zip  
954-296-6549  
Daytime Telephone number  
kloss@optionshomehealth.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: Jaguars Baseball Club of Coral Springs Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

11311 Northwest 25th Street Coral Springs FL 33071

Mailing address, if different is:

11311 Northwest 25th Street Coral Springs FL 33071

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: to form a baseball club where volunteers can teach children how to play competitive baseball.

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: by majority  
vote.

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

Name and Title: Tony Juliano, President      Name and Title: Richard Loss, Vice President

Address: 11311 Northwest 25th Street      Address: 11561 Northwest 4th Manor  
Coral Springs FL 33071      Coral Springs FL 33071

Name and Title: Kim Loss, Secretary      Name and Title: \_\_\_\_\_

Address: 11561 Northwest 4th Manor      Address: \_\_\_\_\_  
Coral Springs FL 33071      \_\_\_\_\_

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JAN 13 PM 1:00

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

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

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

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

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Tony Juliano

Address: 11311 Northwest 25th Street

Coral Springs FL 33071

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kim Loss

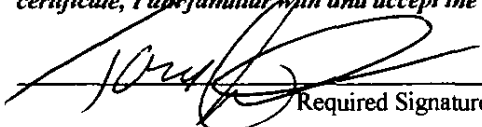
Address: 11561 Northwest 4th Manor

Coral Springs FL 33071

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 JAN 13 PM 1:00

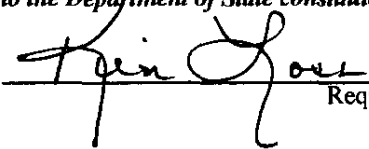
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent

12/26/2014

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

12/26/2014

Date