

N15000001349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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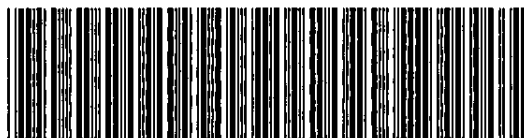
(Business Entity Name)

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TALLAHASSEE, FLORIDA

400 2/10

## COVER LETTER

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

SUBJECT: The Sports Society, 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: Dr. Marjorie P. Wessel

Name (Printed or typed)

16001 E. Troon Circle

Address

Miami Lakes, FL 33014

City, State & Zip

305-828-6419

Daytime Telephone number

thesportsocietycc@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: The Sports Society, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
16001 E. Troon Circle

Miami Lakes, FL 33014

Mailing address, if different is \_\_\_\_\_

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STATE OF FLORIDA  
ALL STATES

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To promote and encourage young women's participation in organized sports activities at their respective elementary junior and senior high schools in Miami-Dade County

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: A nominating committee presents nominations; the membership has the opportunity to present additional nominations. By private ballot, a vote is taken.

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

Name and Title: Dr. Marjorie P. Wessel, President

Address: 16001 E. Troon Circle  
Miami Lakes, FL 33014

Name and Title: Carmen M. Castello, Secretary

Address: P.O. Box 161726  
Miami, FL 33116-1726

Name and Title: Ann Marie Indorf, Vice-President

Address: 1269 NE 99 ST  
Miami Shores, FL 33138

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

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

Name and Title: Margie Scott, Treasurer

Address: 110 NE 87 ST  
Miami, FL 33138

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: Marjorie P. Wessel

Address: 16001 E. Troon Circle  
Miami Lakes, FL 33014

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TALLAHASSEE FLORIDA

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marjorie P. Wessel

Address: 16001 E. Troon Circle  
Miami Lakes, FL 33014

*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*

Marjorie P. Wessel  
Required Signature of Registered Agent

January 29, 2015  
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.*

Marjorie P. Wessel  
Required Signature of Incorporator

January 29, 2015  
Date