

N15000002065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

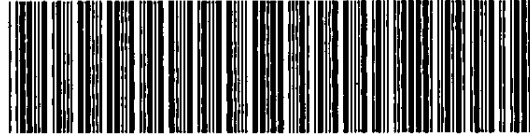
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 FEB 26 AM 11:57

APPROVED  
AND  
FILED

141

## COVER LETTER

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

SUBJECT: BOWL4KIDS 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: Bob Schoneman  
Name (Printed or typed)

10074 HART Branch Cir  
Address

Orlando, FL 32832  
City, State & Zip

(407) 687-1490  
Daytime Telephone number

FSUBowl366@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)

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AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: Bowl 4 Kids Inc

**ARTICLE II PRINCIPAL OFFICE**

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Principal street address:

Mailing address, if different: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10074 Hart Branch Cir

Orlando, FL 32832

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To raise awareness and money for  
local children charities and programs that support children. This  
will be done through the sport of bowling and bowlers

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Directors

are appointed by President with Board approval.

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

Name and Title: Bob Schaneman <sup>President/</sup> CEO Name and Title: MIKE LAASEN VP

Address: 10074 Hart Branch Cir Address: 2901 BLED SOE ST  
Orlando, FL 32832 #1248

FT WORTH, TX 76107

Name and Title: STEPHEN SUTPHIN VP Name and Title: \_\_\_\_\_

Address: 1075 Florida Central Pkwy Address: \_\_\_\_\_  
Suite 2500  
Longwood, FL 32750

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

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

APPROVED  
AND  
FILED

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

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

15 FEB 26 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Bob Schoneman

Address: 10074 HART Branch Cir  
Orlando, FL 32832

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Bob Schoneman

Address: 10074 HART Branch Cir  
Orlando, FL 32832

*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*

Bob Schoneman

Required Signature of Registered Agent  
BOB SCHONEMAN

26 Feb 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.*

Bob Schoneman

Required Signature of Incorporator  
BOB SCHONEMAN

26 Feb 2015  
Date