

N15000003725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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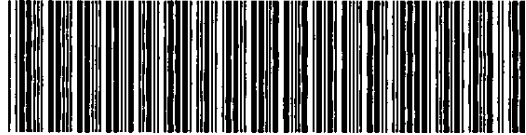
(Business Entity Name)

(Document Number)

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15 APR 13 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

SUBJECT: Florida Wolfpack<sup>Inc.</sup> Nonprofit Corporation  
(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: Veronica Ann Toporowsky  
Name (Printed or typed)

1950 DreKkar Ct  
Address

Oviedo FL 32765  
City, State & Zip

407 928-6754  
Daytime Telephone number

Coach T 7143@aol.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: Florida Wolfpack Fastpitch, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1950 DreKkar Ct  
DUDDO FL 32765

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A showcase girls  
fastpitch team.

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**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Voluntary.

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

Name and Title: Veronica Toporowsky  
Address: 1950 DreKkar Ct  
DUDDO FL 32765

Name and Title: Magdalena Baltre  
Address: 745 Orienta avenue  
Ste 1041  
Altamonte Springs FL 32701

Name and Title: Brian Acevedo  
Address: 192 Broadmoor Road  
Lake Mary FL 32746

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

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

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

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

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:

Veronica Toporowsky

Address:

1950 Dreikar Ct  
Oviedo FL 32765

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Magdalena Beltré

Address:

745 Orienta Avenue Ste 1041  
Altamonte Springs FL 32701

*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*

Veronica Toporowsky  
Required Signature of Registered Agent

4/7/15  
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.*

Magdalena Beltré  
Required Signature of Incorporator

4/7/15  
Date