

N15000003726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

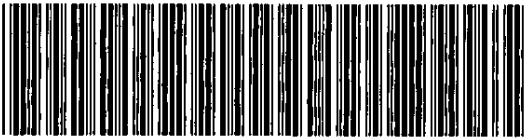
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 APR 13 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Cape Coral Mon.-Wed. AM Softball League, 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: Paul Ryan
Name (Printed or typed)

25973 Marion Ave.
Address

Punta Gorda, Florida 33950
City, State & Zip

941-445-0863
Daytime Telephone number

paul@paryanlaw.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: Cape Coral Mon.-Wed. AM Senior Softball, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
25073 Marion Ave.

Mailing address, if different is:

Punta Gorda, Florida 33950

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This league is organized for the purpose of playing slow pitch
softball on Monday and Wednesday mornings in Cape Coral, Florida throughout
the year and to promote harmony and fellowship among its players.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: popular vote by members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barry Bloom, President
Address: 25073 Marion Ave.
Punta Gorda, Florida
33950

Name and Title: _____
Address: _____

Name and Title: Randy Robinette, Vice President
Address: 25073 Marion Ave.
Punta Gorda, Florida
33950

Name and Title: _____
Address: _____

Name and Title: Bruce Lawson, Treasurer
Address: 25073 Marion Ave.
Punta Gorda, Florida
33950

Name and Title: _____
Address: _____

15 APR 13 PM 3:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Paul Ryan, Attorney at Law, P.A.

Address: Paul Ryan Attorney at law, P.A. 25073 Marion Ave.
Punta Gorda, Florida 33950

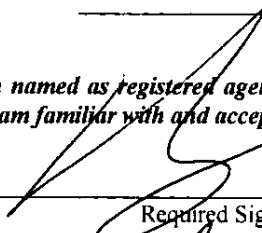
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Paul A. Ryan

Address: 25073 Marion Ave.
Punta Gorda, Florida 33950

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

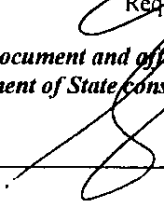


Required Signature of Registered Agent

4/8/15

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.



Required Signature of Incorporator

4/8/15

Date