

11500004158

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W15-24100



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04/03/15--01016--006 **78.75

FILED
15 APR 23 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 24 2015
S. GILBERT

COVER LETTER

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

SUBJECT: Shockwave Softball, 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: Sherri Kelley
Name (Printed or typed)

4277 SW Daemon Street
Address

Port St Lucie, Florida 34953
City, State & Zip

954-295-0520
Daytime Telephone number

sherri.kelley13@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

15 APR 23 AM 10:28

TALLAHASSEE, FLORIDA

April 8, 2015

SHERRI KELLEY
4277 SW DAEMON STREET
PORT ST. LUCIE, FL 34953

SUBJECT: SHOCKWAVE SOFTBALL, INC.
Ref. Number: W15000024400

We have received your document for SHOCKWAVE SOFTBALL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 415A00007009

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: SHOCKWAVE Softball, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4277 SW Daemon St

Port St Lucie, Florida 34953

Mailing address, if different is:

FILED
15 APR 23 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Not for Profit Organization for Girls Youth Softball

This non-profit is being organized in order to raise
money / register our youth softball teams to
travel to other countries / states for USSSA and NSA
sponsored tournaments

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Directors are Volunteers The Board of Directors are nominated and
elected or appointed by Special meeting of the board.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shawn Kelley
Address: 4277 SW Daemon Street
Port St Lucie, Florida 34953

Name and Title: Lisamarie Keeler
Address: 4507 SW Wabash Street
Port St Lucie, Florida 34953

Name and Title: Sherri Kelley
Address: 4277 SW Daemon Street
Port St Lucie, Florida 34953

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Sherri Kelley

Address: 4277 SW Daemon Street
Port St Lucie, Florida 34953


ARTICLE VII INCORPORATOR

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

Name: Sherri Kelley

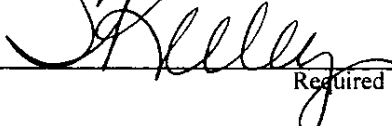
Address: 4277 SW Daemon Street
Port St Lucie, Florida 34953

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

1.26.15
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

1.26.15
Date