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(Re	questor's Name)	
(Ad)	dress)	
(Au	uiess <i>)</i>	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	-
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
W15-7	4232	





11/04/15--01008--002 \*\*70.00



## **COVER LETTER**

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

SUBJECT:North Lakela	nd Baseball & Softball, Inc.		
Enclosed is an original a	(PROPOSED CORPO	DRATE NAME - MUST IN	
\$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 CO	PY REQUIRED
FROM:	Susan Nalbach Nam	ne (Printed or typed)	-
	7440 Hunters Greene Circle		

Lakeland, FL 33810

nlb.susan@gmail.com

863-450-0977

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

E-mail address: (to be used for future annual report notification)

Address

City, State & Zip

Daytime Telephone number



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2015

SUSAN NALBACH 7440 HUNTERS GREENE CIRCLE LAKELAND, FL 33810

SUBJECT: NORTH LAKELAND BASEBALL & SOFTBALL, INC.

Ref. Number: W15000074232

We have received your document for NORTH LAKELAND BASEBALL & SOFTBALL, INC. and your check(s) totaling \$70.00. 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.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 815A00023830

Division of Comparations D.O. DOV 6297 Tollahoggas Florida 2921

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



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ARTICLE I NAME
The name of the corporation shall be: North Lakeland Baseball & Softball, Inc.

ARTICLE	II PRINCIPAL OFFICE		15 DEC -4 AM 9: 58
70	Principal <u>street</u> address: 44 Green Road		Mailing address, if date on P.O. Box 93550  SECRETARY OF STATE P.O. Box 93550
La	keland, FL 33810		Lakeland, FL 33804-3550
· -	TII PURPOSE  e for which the corporation is organized is:  e values of citizenship, community, sportsman	·	ized baseball and softball play for community youth, cal well being.
ARTICLE I			directors are elected and appointed:As stated in the bylaws
Name and T	Susan Nalbach/ President	Name and T	Chris Kirkland/ Vice President
Address	7440 Hunters Greene Circle	— Address:	8222 Rangers Path
	Lakeland, FL 33810	<del>-</del>	Lakeland, FL 33809
Name and T	Tonya Garcia/ Player Agent	— Name and T	Shelly Picking/ Secretary
Address	2847 Stonewood Circle	Address:	5730 Sands Point Drive
	Lakeland, FL 33810	_	Lakeland, FL 33809
Name and T	itle: Giovanni Fuentes/ Equipment Manager	— Name and T	itle:
Address	3958 Rollingsford Circle	Address:	
	Lakeland, FL 33810	_	

	Name and Title:	- APHALICIA
Address _	Address:	AND
		15 DFC =1. AN =
_		15 DEC -4 AM 9: 58
Name and Title:_	Name and Title:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Address	Address:	•
Address	Audi vos.	
_		
	<u>REGISTERED AGENT</u>	
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable) of the registered ager	nt is:
Name:	Susan Nalbach	
Address:	7440 Hunters Greene Circle	
	Lakeland, FL 33810	
ARTICLE VII	INCORPORATOR	
	INCORPORATOR Idress of the Incorporator is:	
The <u>name and ac</u>	Idress of the Incorporator is:	
The <u>name and ac</u> Name:	Idress of the Incorporator is: Susan Nalbach	
The <u>name and ac</u> Name: Address:	Susan Nalbach 7440 Hunters Greene Circle Lakeland, FL 33810	TIONAL
The name and ac Name: Address:  ARTICLE VIII Effective date, if	Susan Nalbach 7440 Hunters Greene Circle Lakeland, FL 33810  EFFECTIVE DATE: other than the date of filing: Danuary 1, 2016 late is listed, the date must be specific and cannot be more than five	FIONAL) e business days prior or 90 business d
The name and ac Name: Address:  ARTICLE VIII Effective date, if (If an effective date, if) after the filing.) Note: If the date	Susan Nalbach  7440 Hunters Greene Circle  Lakeland, FL 33810  EFFECTIVE DATE: other than the date of filing: Danuary 1, 2016 late is listed, the date must be specific and cannot be more than five inserted in this block does not meet the applicable statutory filing required.	e business days prior or 90 business d
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