

N/6000002686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

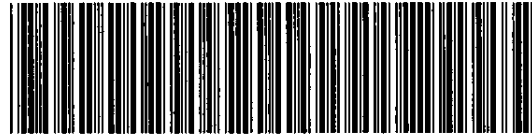
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200282756812

03/04/16--01007--013 **70.00

EFFECTIVE DATE

3-1-16

ALL AMESSEC, FLORIDA

16 MAR -4 PM 2:55

LED

MAR 14 2016

S. GILBERT

COVER LETTER

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

SUBJECT: Ancient City Lacrosse, 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: Bruce Tustin

Name (Printed or typed)

18 Sea Oaks Drive

Address

St Augustine, FL 32080

City, State & Zip

904-814-7791

Daytime Telephone number

brucetustin@icloud.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: Ancient City Lacrosse, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
18 Sea Oaks Drive
St. Augustine, FL 32080

Mailing address, if different is:

FILED
16 MAR -4 PM 2:55
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to support, financially and otherwise, youth lacrosse in southern St. Johns Cty
and its surrounding areas. No part of its profits or net income shall ever inure to the benefit of any director, officer, member or private
individual. Upon dissolution or winding up of this corporation, its assets remaining after payment or provision for payment of all
debts and liabilities shall be distributed to a non-profit charitable organization that has established its tax-exempt status under Section
501(c)(3) of the Internal Revenue Code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as stated in the
corporate bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bruce Tustin, Director

Address 18 Sea Oaks Drive
St Augustine, FL 32080

Name and Title: Marco Ruiz, Director

Address: 3397 Kings Road South
St. Augustine, FL 32086

Name and Title: Melvin Tennyson, Director

Address 3480 Kings Road South
St Augustine, FL 32086

Name and Title: Teresa Ruiz, Director

Address: 3397 Kings Road South
St Augustine, FL 32086

Name and Title: Peggy Tennyson, Director

Address 3480 Kings Road South
St Augustine, FL 32086

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: Bruce Tustin
Address: 18 Sea Oaks Drive
St Augustine, FL 32080

ARTICLE VII INCORPORATOR

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

Name: Bruce Tustin
Address: 18 Sea Oaks Drive
St Augustine, FL 32080

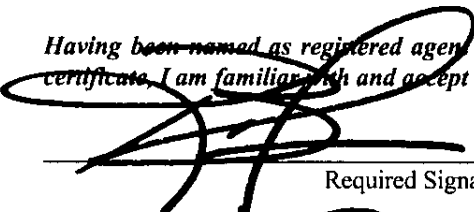
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 1, 2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

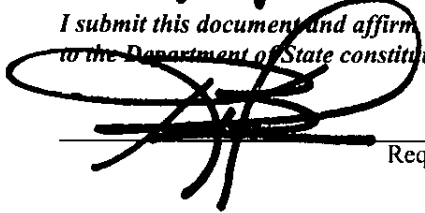


Required Signature of Registered Agent

3/1/16

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

3/1/16

Date