

1,16000003118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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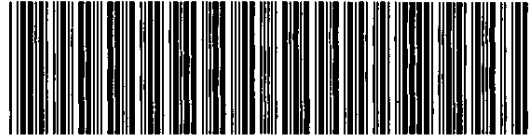
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAR 17 AM 7:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

VH

COVER LETTER

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

SUBJECT: ELITE GREYHOUNDS 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: BEN H. MOORE LPA
Name (Printed or typed)

720 N. MAITLAND AVE # 105
Address

MAITLAND FL 32751
City, State & Zip

407-644-3119
Daytime Telephone number

ONTAVIUS _ MCCULLOUGH @ YAHOO.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: ELITE GREYHOUNDS, INC. **FILED**

ARTICLE II PRINCIPAL OFFICE

16 MAR 17 AM 7:44

Principal street address:

Mailing address, if different is:

421 HIDDEN MEADOWS LOOP

SAME SECRETARY OF STATE
TALLAHASSEE FLORIDA

203

PERN PARK FL 32730

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: AS FOLLOWS:

Purpose: Activities for international amateur sports competition within the meaning of section 501(C)(3). Activities Not In Furtherance of Exempt Purposes: No part of net earnings shall inure to the benefit of, or be distributable to members, trustees, officers or other private persons except for reasonable compensation for services or payments in furtherance of the purposes in 501(c)(3). No activities to influence legislation or any political campaign or any other activities not permitted by a corporation under 501(c)(3) shall be carried on. Dissolution: Upon dissolution, assets shall be distributed for one or more exempt purposes within the meaning of 501 (c) (3) or to a federal, state or local government for a public purpose.

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

NOMINATED & APPROVED BY INCORPORATOR AND/OR EXISTING BOARD

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ONTAVIUS MCELLOUGH Name and Title: JASMINE MCELLOUGH VP/D

Address: 421 HIDDEN ^{P/D} MEADOWS LOOP Address: 421 HIDDEN MEADOWS LOOP #203
#203 PERN PARK FL 32730

Name and Title: DAVID MERRICK S/D Name and Title: LAVONIS BALLARD T/D

Address: 3559 BARNA AVE Address: 72 CARRIAGE HILL DR
TITUSVILLE FL 32780 FREDRICKS BOULVA VA 22405

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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16 MAR 17 AM 7:44

Name and Title: _____ Name and Title: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: ONTARIO MCCULLOUGH
Address: 421 HIDDEN MEADOWS LOOP #203
FERN PARK FL 32730

ARTICLE VII INCORPORATOR

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

Name: ONTARIO MCCULLOUGH
Address: 421 HIDDEN MEADOWS LOOP #203
FERN PARK FL 32730

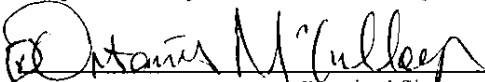
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

2/22/16
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

2/22/16
Date