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T. SCOTT



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SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2016

SOUTH PLANTATION LACROSSE BOOSTERS, INC. 1300 SW 54TH AVENUE PLANTATION, FL 33317

SUBJECT: SOUTH PLANTATION LACROOSE BOOSTERS, INC.

Ref. Number: W16000022760

We have received your document for SOUTH PLANTATION LACROOSE BOOSTERS, 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):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 816A00006298

COVER LETTER

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

SUBJECT: South Planta	tion Lacrosse Boosters, Inc.			
SUBULCI:	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed is an original a	ind one (1) copy of the Arti	cles 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 CO	PY REQUIRED	
FROM:	South Plantation Lacrosse Boosters, Inc. FROM:			
	Name (Printed or typed)			
	1300 SW 54th Avenue			
		Address	<u></u>	
	Plantation, Florida 33317			
		City, State & Zip	_	

(954) 873-8725

jh15498@bellsouth.net

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

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

Daytime Telephone number

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

ARTICLE II PRINCIPAL OFFICE			
Principal street address:	Mailing address, if different is: 6919 W Broward Blvd, #210		
Plantation, Florida 33317	Plantation, FL 33317		
ARTICLE III PURPOSE			
	l is:		
	cluding the general public, governmental agencies, corporations, p	-	
foundations and other public charities.			
		-	
APTICLE IV. MANNER OF ELECTION. TO	General	elections	
ARTICLE IV MANNER OF ELECTION The	e manner in which the directors are elected and appointed:	elections	
	e manner in which the directors are elected and appointed:	elections	
	e manner in which the directors are elected and appointed:	elections	
	PIRECTORS	elections	
RTICLE V INITIAL OFFICERS AND/OR D Vame and Title: Jennifer Lynn, President	PIRECTORS Name and Title: Lynne Drummings, Treasurer	elections	
RTICLE V INITIAL OFFICERS AND/OR D Name and Title: Jennifer Lynn, President	PIRECTORS Name and Title: Lynne Drummings, Treasurer	elections	
RTICLE V INITIAL OFFICERS AND/OR D Vame and Title: Jennifer Lynn, President	PIRECTORS Name and Title: Lynne Drummings, Treasurer Address:	elections	
RTICLE V INITIAL OFFICERS AND/OR D Vame and Title: Address Robin Landon Frantenberg, VR	PIRECTORS Name and Title: Lynne Drummings, Treasurer Address:	elections	
RTICLE V INITIAL OFFICERS AND/OR D dame and Title: ddress Robin Landau-Fractenberg, VP	Name and Title: Lynne Drummings, Treasurer Address:	elections	
RTICLE V INITIAL OFFICERS AND/OR D Name and Title: Jennifer Lynn, President Address	Name and Title: Name and Title: Lynne Drummings, Treasurer		
RTICLE V INITIAL OFFICERS AND/OR D lame and Title: Jennifer Lynn, President Address Address	Name and Title: Name and Title: Lynne Drummings, Treasurer		
RTICLE V INITIAL OFFICERS AND/OR D Name and Title: Address Robin Landau-Fractenberg, VP	Name and Title: Name and Title: Tanya Esposito, Secretary Address:	16 MAR	

Name and Title:		Name and Title:	
Address		Address:	
		and the second s	
Name and Title:		Name and Title:	
Address		Address:	
<u></u>			
	<u>EGISTERED AGENT</u> rida str <u>eet address</u> (P.O. Box NO T accep	otable) of the registered agent is:	
Name:	Jennifer Lynn	sauce, or the registrate agent is:	
	6919 W Broward Blvd, #210		
Address:	Plantation, FL 33317		
	<u> </u>	 	
ARTICLE VII II			
The <u>name and add</u>	ress of the Incorporator is: Robin Moselle		
Name:			
Address:	6919 W Broward Blvd, #	+210	
	Plantation, FL 33317		
ARTICLE VIII	EFFECTIVE DATE:	(OPTIONAL)	
(If an effective dat		nd cannot be more than five business days prior or 90 business days	
after the filing.)			
	nserted in this block does not meet the ap we date on the Department of State's reco	oplicable statutory filing requirements, this date will not be listed as the ords.	
		of process for the above stated corporation at the place designated in this is registered agent and agree to act in this capacity	
On what	(Be experience of the second	12/41/2016	
yuug	Required Signature of Registered	Agent Date	
	nent and affirm that the facts stated here of State constitutes a third degree felony	ein are true. I am aware that any false information submitted in a document as provided for in s.817.155, F.S.	
+01	L Mosella	March 1,2016	
<u> </u>	Required Signature of Incor	porator Date	