

N16000004652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Doc' .it Number)

Certified Copies _____

Certificates of Status ☒

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Office Use Only



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04/28/16--01017--016 **78.75

EFFECTIVE DATE

5-1-16

16 APR 28 PM 3:49

MAY 2016

S. GILBERT

COVER LETTER

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

SUBJECT: CELEBRATION STORM SOCCER BOOSTER CLUB, 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: GREGG BUTTERY

Name (Printed or typed)

1040 JODI RIDGE COURT

Address

KISSIMMEE, FL 34747

City, State & Zip

407-242-5922

Daytime Telephone number

GREGGBUTTERY@GMAIL.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: CELEBRATION STORM SOCCER BOOSTER CLUB, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1040 JODI RIDGE COURT
KISSIMMEE, FL 34747

Mailing address, if different is:

16 APR 28 PM 3:49

ALLA... FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: is to support the financial needs of the Celebration High School Soccer teams.

The Celebration Storm Soccer Booster Club, Inc. was exclusively created for financial support and purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. The non-profit will not engage in prohibited political or legislative activity.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>GREGG BUTTERY, PRESIDENT</u>	Name and Title:	<u>VANESSA BUTTERY, VICE PRES.</u>
Address	<u>1040 JODI RIDGE COURT</u>	Address:	<u>1040 JODI RIDGE COURT</u>
	<u>KISSIMMEE, FL 34747</u>		<u>KISSIMMEE, FL 34747</u>

Name and Title:	<u>KEITH THOMPSON, TREASURER</u>	Name and Title:	<u>STACY THOMPSON, SECRETARY</u>
Address	<u>915 PAWSTAND RD</u>	Address:	<u>915 PAWSTAND RD</u>
	<u>CELEBRATION, FL 34747</u>		<u>CELEBRATION, FL 34747</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	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: GREGG BUTTERY
Address: 1040 JODI RIDGE COURT
KISSIMMEE, FL 34747

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GREGG BUTTERY
Address: 1040 JODI RIDGE COURT
KISSIMMEE, FL 34747

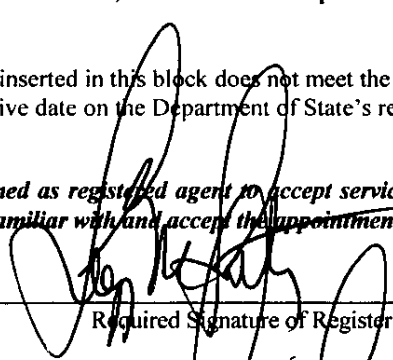
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MAY 2, 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

5/2/2016

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

5/2/2016

Date