

N16000007155

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(Business Entity Name)

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TALLAHASSEE, FLORIDA  
16 JUL 11 PM 12:27

*mm*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 21, 2016

DEVIN APOLLON  
10711 SW 61 AVENUE  
MIAMI, FL 33156

SUBJECT: ALL IN TENNIS OUTREACH PROGRAM, INC.  
Ref. Number: W16000044106

We have received your document for ALL IN TENNIS OUTREACH PROGRAM, 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):

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.

Please return 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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 016A00012946

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: ALL IN Tennis Outreach Program, 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: Devin Apollon  
Name (Printed or typed)

10711 SW 61 Ave  
Address

Miami, FL 33156  
City, State & Zip

308844 786-269-3792  
Daytime Telephone number

dapollon86@gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA  
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**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: ALL IN Tennis Outreach Program, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

10711 SW 61 AVE  
Miami, FL 33156

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Empowering <sup>Italian-American</sup> youth for lifetime  
Success through tennis education, fitness  
and character development regardless  
economic circumstance.

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TALLAHASSEE  
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**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: The directors  
are appointed every 2 years and elected by majority vote.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Devin Apollon, President Name and Title: Audrey Apollon, Vice President

Address: 10711 SW 61 Ave Address: 10711 SW 61 Ave  
Miami, FL 33156 Miami, FL 33156

Name and Title: Dionne Casthely ~~Treasurer~~ Name and Title: Pierre Apollon, Treasurer  
executive director Address: 10711 SW 61 Ave  
Address: 12220 Moss Ranch Rd. Miami, FL 33156  
Miami, FL 33156

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

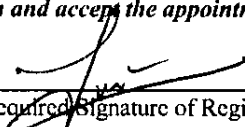
Name: Frank-Lucie Casthely  
Address: 1400 NE miami GARDEN 5 Drive #101  
Miami, FL 33156

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

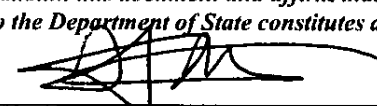
Name: Devin Apollon  
Address: 10711 SW 61 Ave  
Miami, FL 33156

*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

6/9/16  
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

6-9-16  
Date