

N16000008415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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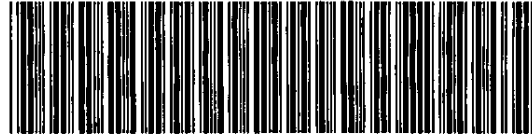
(Business Entity Name)

(Document Number)

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2016 AUG 19 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

2016 AUG 19 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** U.S. SPORTS FUNDING 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:** MICHAEL D. ALT

Name (Printed or typed)

7916 NORTH WOODLYNNE AVENUE

Address

TAMPA, FLORIDA 33614

City, State & Zip

813-403-0145

Daytime Telephone number

michaeldalt64@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: U.S. SPORTS FUNDING INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

7916 NORTH WOODLYNNE AVENUE

TAMPA, FLORIDA 33614

Mailing address, if different is:

P.O. BOX 82895

TAMPA, FLORIDA 33682

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Fundraising to help support able-body, mentally, physically  
and financially disadvantaged youth through adult athletes. A strong emphasis on education and  
and community leadership.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_  
Voted upon by founding members

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

Name and Title: Michael D. Alt President

Address 7916 N. woodlynne Ave.

Tampa, Fl. 33614

Name and Title: Drew D. Getman V.P.

Address: 7916 N. Woodlynne Ave.

Tampa, Fl. 33614

Name and Title: Jim Slaughter Secretary

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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: Michael D. Alt

Address: 7916 N. Woodlynne Ave.

Tampa, FL 33614

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael D. Alt

Address: 7916 N. Woodlynne Ave.

Tampa, FL 33614

**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*

Michael D Alt

Required Signature of Registered Agent

08-12-2016

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.*

Michael D. Alt

Required Signature of Incorporator

08-12-2016

Date