

N/B 000009/68

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DIVISION OF CORPORATIONS
16 SEP 15 AM 11:55

09/19/16

COVER LETTER

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

SUBJECT: Florida Conquer Volleyball 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: John Malone
Name (Printed or typed)

6899 Pentland Way #113
Address

Fort Myers, FL 33966
City, State & Zip

307 797 3769
Daytime Telephone number

coachjmalone@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: Florida Conquer Volleyball Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6899 Pentland Way #113
Fort Myers, FL 33966

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A volleyball club that is organized to foster national or international amateur sports competition. To develop, promote and regulate the sport of volleyball. To teach sports to youth and bringing high level of coaching and training to athletes that would normally be economically out of reach.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Directors will be appointed by the CEO/owner

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Malone CEO/owner

Address: 6899 Pentland Way #113
Fort Myers, FL 33966

Name and Title: Kyle Deciso Accounting Director

Address: _____

Name and Title: Stuart Johnson Business Director

Address: 6881 Saint Edmonds Loop
Fort Myers, FL 33966

Name and Title: Michelle Ward Vision Director

Address: 5526 Carrollwood Key Dr
Tampa, FL 33624

Name and Title: Brittany Gann Outreach Director Name and Title: _____
Address: 13950 Mahogany Blvd 1221 Address: _____
Fort Myers, FL 33907 _____

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: John Malone
Address: ~~6881 Saint Edmunds Loop~~ 6899 Pentland way #113
Fort Myers, FL 33966

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Malone
Address: 6899 Pentland way #113
Fort Myers, FL 33966

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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

[Signature]
Required Signature of Registered Agent

9/12/16
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.

[Signature]
Required Signature of Incorporator

9/12/16
Date