

N/16000009386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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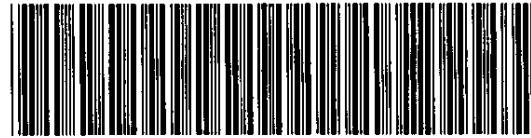
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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κ 09/23/16

COVER LETTER

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

SUBJECT: Buccaneer Softball, 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: January Sellers
Name (Printed or typed)

2905 Jenks Ave.
Address

Panama City, FL 32405
City, State & Zip

850-625-9402
Daytime Telephone number

sellersx4@yahoo.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: Buccaneer Softball, Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
2905 Jenks Ave.

Panama City, FL 32405

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To manage details for Buccaneer Softball so that the coaches can
coach and players can play.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President- Brett Lanford

Address 4900 N Lakewood Dr.
Panama City, FL 32404

Name and Title: Secretary- Hilda Garcia

Address: 2707 Camryns Ct.
Panama City, FL 32405

Name and Title: Vice-president

Address Stacy Walters
10930 South Fork Loop
Panama City, FL 32401

Name and Title: _____

Address: _____

Name and Title: Treasurer- January Sellers

Address 2905 Jenks Ave.
Panama City, FL 32405

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: January Sellers
Address: 2905 Jenks Ave.
Panama City, FL 32405

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: January Sellers
Address: 2905 Jenks Ave.
Panama City, FL 32405


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



Required Signature of Registered Agent

9/20/2016

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

9/20/16

Date

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