

N16000009474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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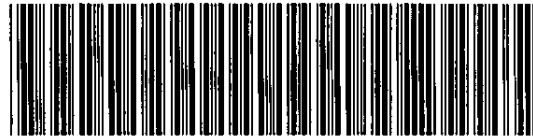
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/26/16--01037--025 **78.75

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2016 SEP 26 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING
SEP 27 2016

COVER LETTER

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

SUBJECT: Ice Hockey Florida 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: David Graziotti

Name (Printed or typed)

2497 Prairie View Drive

Address

Winter Garden, FL 34787

City, State & Zip

407-654-9786

Daytime Telephone number

graziottid@sbaglobal.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: Ice Hockey Florida Inc.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2497 Prairie View Drive, Winter Garden,
Florida 34787

Mailing address, if different is: ANY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP 26 PM 2:04

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
seeks to provide resources for young people of all backgrounds to participate in and enjoy the sport of ice hockey
in a positive and wholesome environment and hopefully carry the love of the sport through each stage of their hockey experience
and into their adult lives.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____
As set forth in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>David Graziotti/ President</u>	Name and Title:	_____
Address	<u>2497 Prairie View Drive,</u> <u>Winter Garden, FI 34787</u>	Address:	_____

Name and Title:	<u>William Zecher/ Secretary</u>	Name and Title:	_____
Address	<u>1411 Crescent Lake Drive,</u> <u>Windermere, FI 34786</u>	Address:	_____

Name and Title:	<u>Raphael Cardoso/ Treasurer</u>	Name and Title:	_____
Address	<u>1202 Legendary Blvd</u> <u>Clermont, FL 34711</u>	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: David Graziotti

Address: 2497 Prairie View Drive,
Winter Garden, FL 34787

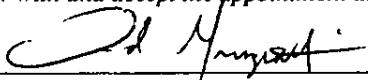
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Graziotti

Address: 2497 Prairie View Drive,
Winter Garden, FL 34787

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

9-22-16

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

9-22-16

Date