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16 OCT -6 #H 10: OR

COVER LETTER

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

SUBJECT:	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original	and one (1) copy of the Ar	ticles of Incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate PPY REQUIRED
FROM:	Patrick Fagan		_
	Na 4415 Mount View Drive	me (Printed or typed)	
		Address	_
	Lakeland, FL 33813		
		City, State & Zip	_
	(863) 529-4750		

patrick.fagan@citizens-bank.com

Lakeland High School Men's Futbol Boosters, Inc.

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of th	NAME te corporation shall be: Lakeland High	School Men's Futbol Bo	posters, Inc.	
<u>ARTICLE II</u>	PRINCIPAL OFFICE			
718 \$	Principal <u>street</u> address: Strain Blvd		Mailing address, if different is:	
Lake	land, FL 3-3815			
	PURPOSE or which the corporation is organized is set and advance the general good and we		or program of Lukaland Sanjar High	School
	d encourage by all proper means the m			
assistance and		en's socce program or		Trac Timenemi
	nd accept, hold and acquire by bequest	device uift purchase k	yan or lease, any property, real, perso	nal or mixed
	ble or intangible, without limitation as			
	ram may solicit gift, money, tangible of			ions and from an bra
(4) This progr	an may solicit girt, money, tangine of		nviduais, itmis, corporations, roundai	
ARTICLE IV			ctors are elected and appointed:	
Office	rs and Directors are elected b	by its members at	the annual booster meeting	in October.
ARTICLE_V	INITIAL OFFICERS AND/OR DIE	<u>RECTORS</u>		
	Dennis Fine, President	Name and Title	Barbara Castro, VP & Secretary	
Address	4314 Orangewood Circle	Address:	718 Strain Blvd	
	Lakeland, FL 33813	Addiction	Lakeland, FL 33815	_
Name and Titl	G. Patrick Fagan, Treasurer		:	
Address 4415 N	4415 Mount View Drive	Address:		
	Lakeland, FL 33813	Address.		007-
Name and Titl	le:	Name and Title	:	AH Q
Address		Address:		K 00

-		
Name and Title:		Name and Title:
Address		Address:
_		
Name and Title:_		Name and Title:
Address		Address:
The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acce G. Patrick Fagan	eptable) of the registered agent is:
Name:	4415 Mount View Drive	
Address:	Lakeland, FL 33813	
	INCORPORATOR dress of the Incorporator is:	
Name:	G. Patrick Fagan	
Address:	4415 Mount View Drive Lakeland, FL 33813	<u>e</u>
Effective date, if c (If an effective da after the filing.) Note: If the date		. (OPTIONAL) and cannot be more than five business days prior or 90 business days applicable statutory filing requirements, this date will not be listed as the cords.
		e of process for the above stated corporation at the place designated in this as registered agent and agree to act in this capacity
	Required Signature of Registered	9/20/16
	ment and affirm that the facts stated here t of State constitutes a third degree felony	rein are true. I am aware that any false information submitted in a document y as provided for in s.817,155, F.S.
	Required Signature of Incom	orporator Date