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2016 OCT 17 PM 5:06
TALLAHASSEE, FLORIDA

V HERRING
OCT 18 2016

COVER LETTER

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

SUBJECT: TEAM SHOP RACING INCORPORATED
(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: KEN JUNKINS
Name (Printed or typed)

1420 CHISHOLM RIDGE CT.
Address

ST. CLOUD FL 34771
City, State & Zip

407 361 2082
Daytime Telephone number

KEN. JUNKINS @ AOL. 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: TEAM SHOP RACING INC.

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ARTICLE II PRINCIPAL OFFICE

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Principal street address:

1420 CHISHOLM RIDGE CT.

ST CLOUD FL 34771

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

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE A FRIENDLY AND
STRUCTURED TRAINING ENVIRONMENT FOR TRIATHLETES AND
TO DONATE TIME AND MONEY TO LOCAL CHARITIES TO
BETTER PROMOTE GOOD HEALTH AND FITNESS.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEN JUNKINS (CAPTAIN) Name and Title: _____

Address: 1420 CHISHOLM RIDGE CT Address: _____

ST CLOUD, FL 34771

Name and Title: JOHN LAFRENIERE Name and Title: _____

Address: (VICE CAPTAIN & SECRETARY) Address: _____

2520 OAKBANK CT.

ST. CLOUD FL 34771

Name and Title: JOHN SYME Name and Title: _____

Address: (TREASURER) Address: _____

3283 COUNTRYSIDE VIEW DR.

ST. CLOUD FL 34772

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 SYME

Address: 3283 COUNTRYSIDE VIEW DR.
ST. CLOUD FL 34772

ARTICLE VII INCORPORATOR

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

Name: JOHN SYME

Address: 3283 COUNTRYSIDE VIEW DR.
ST. CLOUD FL 34772

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

John Syme

Required Signature of Registered Agent

10/11/2016

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.

John Syme

Required Signature of Incorporator

10/11/2016

Date