

N16000010915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

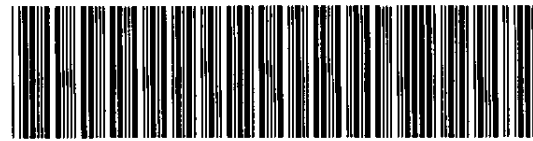
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/21/16--01017--008 \*\*78.75

16 NOV 10 PM 3:35  
TALLAHASSEE FLORIDA

no 11/20/16

## COVER LETTER

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

SUBJECT: Josh Samman MMA Foundation

(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: Cheryl Phoenix  
Name (Printed or typed)

55 Razorback Road  
Address

Crawfordville, FL 32327  
City, State & Zip

(850) 264-6905  
Daytime Telephone number

wander904@gmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2016

CHERYL PHOENIX  
55 RAZOR BACK ROAD  
CRAWFORDVILLE, FL 32327

SUBJECT: JOSH SAMMAN MMA FOUNDATION  
Ref. Number: W16000072541

We have received your document for JOSH SAMMAN MMA FOUNDATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 116A00022899

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

**ARTICLE I NAME**

The name of the corporation shall be: Josh Samman MMA Foundation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
55 Razorback Road

Crawfordville, FL 32327

Mailing address, if different is:

P.O. Box 1462

Crawfordville, FL 32326

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to help young athletes pursue the life changing dream of Mixed Martial Arts.

We will assist with training expenses, travel expenses, and the proper education on being a professional in the sport of MMA.

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CLERK OF STATE  
TALLAHASSEE FL 32304

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

STATED IN THE BYLAWS

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Cheryl Phoenix, Board Chair

Address: 55 Razorback Road  
Crawfordville, FL

Name and Title: Mitchell Chamale, Board Member

Address: 407 Ridge Road  
Casselberry, FL 32370

Name and Title: Roberto Cuartero, Board Member

Address: 11860 Pegasus Drive  
Jacksonville, FL 32223

Name and Title: Lance Maxwell, Board Member

Address: 5200 Shady Rest Road  
Havana, FL 32333

Name and Title: Joe Burtoft, Board Member

Address: 974 Hiawatha Farms Road  
Monticello, FL 32344

Name and Title: Chad Boss, Board Member

Address: 5630 Britannia Drive  
Sarasota, FL 34231

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: Cheryl Phoenix

Address: 55 Razorback Road

Crawfordville, FL 32327

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DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cheryl Phoenix

Address: 55 Razorback Road

Crawfordville, FL 32327

**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*

Cheryl Phoenix

11/3/16

Required Signature of Registered Agent

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.*

Cheryl Phoenix

11/3/16

Required Signature of Incorporator

Date