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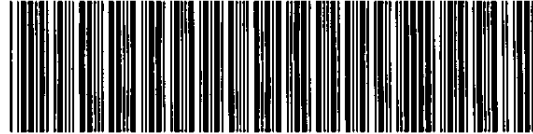
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COVER LETTER

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

SUBJECT: TREASURE COAST HURRICANES BASEBALL ASSOCIATION, 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: Amy Corkum

Name (Printed or typed)

215 Ocean Bay Dr.

Address

Jensen Beach, FL 34957

City, State & Zip

860-280-1150

Daytime Telephone number

aen1979@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: TREASURE COAST HURRICANES BASEBALL ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

215 Ocean Bay Dr.

Jensen Beach, FL 34957

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Treasure Coast Hurricanes Baseball Association is a non-profit organization. The objective shall be to develop players teaching them the fundamentals of baseball along with good sportsmanship, honesty, loyalty, and reverence in order for them to grow into responsible and productive adults. The objectives will be achieved by providing supervised competitive baseball games organized by the Treasure Coast Hurricanes Baseball Association. The development of the future responsible citizens is the true purpose of the program. The attainment of exceptional athletic skills or winning the competition is only secondary.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The initial board of directors is appointed by the incorporator. In the event that a Board member cannot serve their full term, the remaining Board members shall nominate, elect, and appoint an individual who shall serve.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Allan Corkum, President

Address: 215 Ocean Bay Dr.

Jensen Beach, FL 34957

Name and Title: Sandy Little, Secretary

Address: 1478 SW Buckskin Trail

Stuart, FL 34997

Name and Title: Amy Corkum, Treasurer

Address: 215 Ocean Bay Dr.

Jensen Beach, FL 34957

Name and Title: Mike Little, Vice-President

Address: 1478 SW Buckskin Trail

Stuart, FL 34997

ARTICLE VI REGISTERED AGENT

The name and Florida address (P.O. Box NOT acceptable) of the registered agent is:

Name: Amy Corkum

Address: 215 Ocean Bay Dr.

Jensen Beach, FL 34957

2016 NOV -8 AM 9:13
ALLAN CORKUM
SECRETARY

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Amy Corkum

Address : 215 Ocean Bay Dr.
Jensen Beach, FL 34957

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If and effective date is listed, the date must be specific and cannot be more than five business days prior or 90 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.

Amy Corkum
Required Signature of Registered Agent

Oct 31, 2016
Date

I submit this document to affirm that the facts stated herein are true. I am aware that and 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.

Amy Corkum
Required Signature of Incorporator

Oct 31, 2016
Date

State of Florida
County of Miami
On this 31 day of October 2016
before me personally appeared
Amy Corkum
to me known to be the person who executed the
foregoing instrument, and acknowledged that he
executed the same as his free act and deed.
SEAL (signed) _____
NOTARY PUBLIC



Craig Felke
NOTARY PUBLIC
STATE OF FLORIDA
Comm# GG036212
Expires 10/15/2020

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FILED