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COVER LETTER

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

SUBJECT: North Florida	a Elite Booster Club Inc		
	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u> O	CLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Artic	cles 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:	Ben Patz Name	e (Printed or typed)	-
3554 West Orange Country Club Dr, Suite 140 Address			
	Winter Garden, FL 34787		

866-936-6209

southeast@myrenosi.com

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 NAME

The name of the corporation shall be North Florida Elite Booster Club Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address of the corporation is:

104 LM Gaines Blvd Bay 3 Starke, FL 32091

ARTICLE III PURPOSE

The specific purpose of the corporation is to support the All Star Cheer and Tumble program of North Florida Elite by recruiting volunteers, raising funds, and conducting events. The corporation is organized and will be operated exclusively for charitable and educational purposes within the meaning of 501(c)(3) of the Internal Revenue Code. (All references to sections in these Articles refer to the Internal Revenue Code of 1986 as amended or to comparable sections of subsequent internal revenue laws.)

ARTICLE IV MANNER OF ELECTION

The manner in which directors are elected and appointed is as provided in the Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Kyle Nelson, President 375 SE Sylvan Way

Keystone Heights, FL 32656

Charlie Harrington, Treasurer

483 SE 42nd Street

Keystone Heights, FL 32656

Angela Rotundo, Secretary 3249 Avalon Drive Green Cove Springs, FL 32043 17 JAN 23 PH 2: 19
SECRETARD OF STATE

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the Registered Agent is:

Stefanie Nelson 375 SE Sylvan Way Keystone Heights, FL 32656

ARTICLE VII

INCORPORATOR

The name and Florida street address of the Incorporator is:

Kyle Nelson 375 SE Sylvan Way Keystone Heights, FL 32656

ARTICLE VIII

ADDITIONAL PROVISIONS

In pursuance of its purposes, the corporation shall do all things necessary, proper and consistent with maintaining tax exempt status under section 501(c)(3).

No part of the net earnings of the corporation shall inure to the benefit of or be distributed to any director, employee or other individual, partnership, estate, trust or corporation having a personal or private interest in the corporation. Compensation for services actually rendered and reimbursement for expenses actually incurred in attending to the affairs of this corporation shall be limited to reasonable amounts. No substantial amount of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation and this corporation shall not intervene in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these Articles or of any Bylaws adopted thereunder, this corporation shall not take any action not permitted by the laws which then apply to this corporation.

Upon dissolution of the corporation, its assets shall be disposed of exclusively for the purposes of the corporation or distributed to such organizations organized and operated exclusively for charitable purposes which shall, at the time, qualify as exempt organizations under section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose.

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.

Signature of Registered Agent

Date

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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.

Signature of Incorporator

7-70-14

Date