

N170000008151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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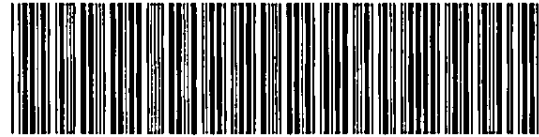
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 08 2017

K. Brumbley

## COVER LETTER

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

**SUBJECT:** Firecrackers Fastpitch FL, 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:** Richard G. Torra  
\_\_\_\_\_  
Name (Printed or typed)

10567 Greensprings Drive  
\_\_\_\_\_  
Address

Tampa, Florida  
\_\_\_\_\_  
City, State & Zip

(813) 476-1309  
\_\_\_\_\_  
Daytime Telephone number

FirecrackersFL@outlook.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: Firecrackers Fastpitch FL, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
10567 Greensprings Drive

Tampa, Florida 33626

Mailing address, if different

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To promote youth, amateur softball through team sponsorship and instruction.  
and for team members to teach and instruct younger players through donation of their time and knowledge. Notwithstanding any  
other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on by (a) a  
corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code or corresponding section of any  
future federal tax code (the "Code"), or (b) a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.  
Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes, within the meaning of 501(c)(3) of  
the Code, or shall be distributed to the federal, state or local government for a public purpose.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Appointed. By President

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

Name and Title: Richard G. Torra, President/Director Name and Title: \_\_\_\_\_

Address: 10567 Greensprings Drive Address: \_\_\_\_\_  
Tampa, Florida 33626

Name and Title: Luiza Torra, Treasurer/Director Name and Title: \_\_\_\_\_

Address: 10567 Greensprings Drive Address: \_\_\_\_\_  
Tampa, Florida 33626

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Richard G. Torra  
Address: 10567 Greensprings Drive  
Tampa, Florida 33626

**ARTICLE VII INCORPORATOR**

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

Name: Richard G. Torra  
Address: 10567 Greensprings Drive  
Tampa, Florida 33626

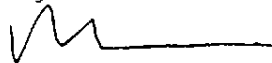
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: August 7, 2017. (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:*

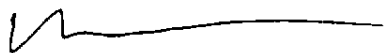


\_\_\_\_\_  
Required Signature of Registered Agent

August 4, 2017

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature of Incorporator

August 4, 2017

\_\_\_\_\_  
Date