

N 17 00000 9142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

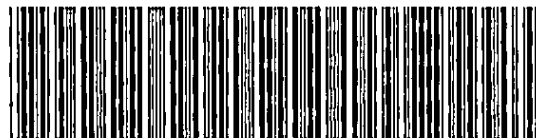
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

SEP 06 2017



800302505368

09/14/17--01042--014 \*\*78.75

FILED  
17 SEP -5 PM 4:11  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
17 SEP -5 PM 4:11  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

August 15, 2017

DESMOND BROWN, BRYAN CAUDILL  
7306 RCHL WAY  
PANAMA CITY, FL 32404

SUBJECT: NORTH FLORIDA TITANS INC.  
Ref. Number: W17000066805

We have received your document for NORTH FLORIDA TITANS INC. 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 purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 917A00016661

Fixed  
PK

RECEIVED  
17 SEP -5 PM 2:08  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

## COVER LETTER

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

SUBJECT: North Florida Titans 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: Desmond Brown, Bryan Caudill  
Name (Printed or typed)

7306 Rachel Way  
Address

Panama City FL 32404  
City, State & Zip

(850) 258-4248 (606) 465-8397  
Daytime Telephone number

NorthFloridaTitans@gmail.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: North Florida Titans Inc. 17 SEP -5 PM 4:11

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

7306 Rachel way  
Panama City, FL 32404

Mailing address, if different is:

7306 Rachel

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The North Florida Titans organization  
is dedicated to the promotion and advancement of our players  
and the surrounding community. We strive to give every player the  
best opportunity to build upon themselves mentally, physically and emotionally,  
through football.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Assigned  
dedicated staff.

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

Name and Title: Co President Desmond Brown Name and Title: Co President Bryan Landill

Address: 1836 Lake Ave  
Panama City, FL 32405

Address: 7306 Rachel Way  
Panama City, FL 32404

Name and Title: Timothy Cutler  
Address: 2745 Ravewood CT  
Lynn Haven, FL 32444

Name and Title: Tyrecka Steele  
Address: 4010 Arbor Trace  
Unit U Drive  
Lynn Haven, FL 32444

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

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

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

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

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

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

17 SEP -5 PM 4:11

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: Savanna Caudill

Address: 7306 Rachel Way

Panama City, FL 32404

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Desmond Brown

Address: 1836 Lake Ave

Panama City, FL 32405

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8/9/17 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five 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

Savanna Caudill

Required Signature of Registered Agent

8/9/17

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.

Desmond Brown

Required Signature of Incorporator

8/9/17

Date