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STATE
FLORIDA

09/14/17

COVER LETTER

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

SUBJECT: BOB KARL SWIM CLUB 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: BOB KARL
Name (Printed or typed)

743 N.E. 80TH STREET
Address

MIAMI, FLORIDA 33138
City, State & Zip

305-807-7556
Daytime Telephone number

BKSCSWIM@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: BOB KARL SWIM CLUB INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

743 N.E. 80TH STREET
MIAMI, FLA. 33138

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO DEVELOP AND TRAIN YOUNG
PEOPLE TO BE THE BEST THEY CAN BE IN THE SPORT OF
COMPETITIVE SWIMMING AND HELP THE STUDENT ATHLETE
TO BECOME PRODUCTIVE MEMBERS OF THE WORLD
THEY LIVE IN.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: SELF
APPOINTED HEAD SWIM COACH AND OWNER OPERATED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BOB KARL C.O.O. Name and Title: ANN R. CARLTON

Address: CHIEF OPERATING OFFICER Address: SECRETARY
743 N.E. 80TH ST 743 N.E. 80TH STREET
MIAMI, FLA. 33138 MIAMI, FLA. 33138

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: BOB KARL C.O.O.

Address:

(HEAD COACH)
743 N.E. 80TH STREET
MIAMI, FLA. 33138

Name and Title: MRS. ANN CARLTON

Address:

(SECRETARY)
743 N.E. 80TH STREET
MIAMI, FLA. 33138

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:

Address:

BOB KARL
743 N.E. 80TH STREET
MIAMI, FLA. 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

BOB KARL
743 N.E. 80TH STREET
MIAMI, FLA. 33138

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 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

Robert N. (Bob) Karl

Required Signature of Registered Agent

Aug 29, 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.

Bob Karl

Required Signature of Incorporator

Aug 29, 2017

Date

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STATE
DEPT OF
TALLAHASSEE, FLORIDA