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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

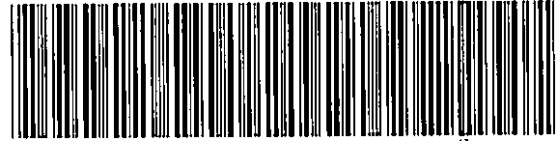
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T. SCOTT



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STATE
OF FLORIDA

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AND
FILED

COVER LETTER

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

SUBJECT: COASTAL CRUSH VOLLEYBALL 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: ULLI STEINER
Name (Printed or typed)

1105 W MAPLE AVE
Address

GENEVA, AL. 36340
City, State & Zip

334-684-6398
Daytime Telephone number

ulli@taxprollc.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Tax Professional Services, LLC

A Financial Services Corporation

1105 W Maple Ave

Geneva, AL 36340

334-684-6398

334-684-7193 -fax

www.taxproll.com

Members: National Society of Accountants, National Association of Enrolled Agents, National Society of Tax Professionals, National Association of Tax Practitioners, National Institute of Tax Studies, Accreditation Council for Accountancy and Taxation, Tax Freedom Institute, The American College of Forensic Examiners

October 16, 2017


FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL. 32314

To whom it may concern,

Enclosed you will find: Articles of Incorporation, Attachments to Articles of Incorporation, check for payment and a self addressed envelope.

Please register the enclosed Articles of Incorporation for COASTAL CRUSH VOLLEYBALL CLUB, INC and return to us in self addressed envelope provided.

Thank you,



Ulli Steiner
Tax Professional Services, LLC

Enc.

Cert#: 7015 0640 0001 6112 0961

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: COASTAL CRUSH VOLLEYBALL CLUB, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
170 ISLAND GROVE DRIVE
FREEPORT, FL. 32439

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said organization is organized exclusively for charitable, religious,
educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt
organizations under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: See Attachment

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALANAH GAMWELL, PRES./TREAS.

Address: 170 ISLAND GROVE DRIVE
FREEPORT, FL. 32439

Name and Title: DAN GAMVELL, VICE PRES.

Address: 170 ISLAND GROVE DRIVE
FREEPORT, FL. 32439

Name and Title: PAMELA BAMWELL, SECRETARY

Address: 170 ISLAND GROVE DRIVE
FREEPORT, FL. 32439

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

17 NOV - 7 AM 9:16
NOTARY PUBLIC
AND
CLERK
JANET L. GAMWELL
FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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: ALANAH GAMWELL
Address: 170 ISLAND GROVE DRIVE
FREEPORT, FL. 32439

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ULLI STEINER
Address: 1105 W MAPLE AVE.
GENEVA, AL. 36340

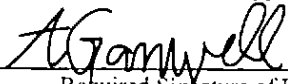
ARTICLE VIII EFFECTIVE DATE:

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.)

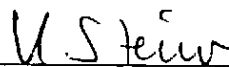
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

10/12/2017
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

10/12/2017
Date

STATE OF FLORIDA

DOMESTIC NON-PROFIT CORPORATION

ATTACHMENT TO: ARTICLES OF INCORPORATION

COASTAL CRUSH VOLLEYBALL CLUB, INC

ARTICLE IV MANNER OF ELECTION:

The Corporation shall have no voting members. The management and affairs of the corporation shall be at all times under the direction of a Board of Directors, whose operations is governing the Corporation shall be defines by statute and by the corporation's by-laws. No Director shall have any right, title or interest in or to any property of the Corporation.

ARTICLE IX DISSOLUTION:

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

October 12, 2017

Ulli Steiner

Print name of Incorporator

Prepared by:

Ulli Steiner

1105 W Maple Ave

Geneva, Al. 36340

U. Steiner

Signature of Incorporator