

W170000115419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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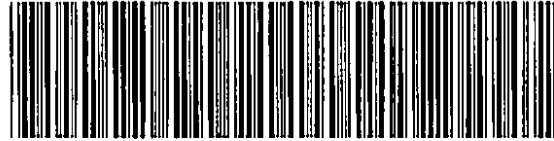
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Dade City Pirates, 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: Felicia Servindelamora
Name (Printed or typed)

PO Box 683

Address

Dade City, FL 33526

City, State & Zip

352-424-1972

Daytime Telephone number

feliciams85@icloud.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: Dade City Pirates, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

15120 Byron Street

Dade City, FL 33523

Mailing address, if different is:

PO Box 683

Dade City, FL 33526

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our purpose is to instruct youth in the game of football.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As set forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jill Frix- President

Address: PO Box 683

Dade City, FL 33526

Name and Title: Felicia Servindelamora-Treasurer

Address: PO Box 683

Dade City, FL 33526

Name and Title: Michelle Ramirez- Secretary

Address: PO Box 683

Dade City, FL 33526

Name and Title: Andrea Sauls- Director

Address: PO Box 683

Dade City, FL 33526

Name and Title: Dale Frix- Director

Address: PO Box 683

Dade City, FL 33526

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
DADE COUNTY, 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: Felicia Servindelamora

Address: 15120 Byron Street

Dade City, FL 33523

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Felicia Servindelamora

Address: 15120 Byron Street

Dade City, FL 33523

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TALLAHASSEE, FLORIDA

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

11-14-17
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.

Required Signature of Incorporator

11-14-17
Date