

N18000001404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

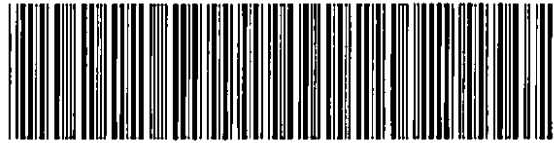
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500308889405

02/09/18--01001--001 **87.50

RECEIVED
18 FEB -8 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2018 FEB -8 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Game Time Prep Sports 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: Edwin J. Hice
Name (Printed or typed)

400 Capital Cir Suite 18-195
Address

Tallahassee FL 32301
City, State & Zip

850-545-8727
Daytime Telephone number

gametimeprep@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: Game time preb sports INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

400 Capital Cir Suite 18-195
Tallahassee fl 32301

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sports programs and
Youth organization for under privileged youth to use
sports as a way to better themselves.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

By Incorporator

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ed Hill President Name and Title: _____

Address 400 Capital Cir Address: _____

Suite 18-195

Tallahassee AL 32301

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 FEB - 8 PM 3:11

FILED

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: Ed Hill
Address: 400 Capital Cir
Suite 18-195
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ed Hill
Address: 400 Capital Cir
Suite 18-195
Tallahassee FL 32301


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.)

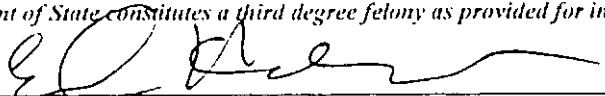
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

2/8/18
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

2/8/18
Date