

N18 000 006 937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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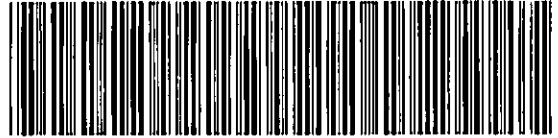
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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OF MASSACHUSETTS

D O'KEEFE

JUN 26 2018

COVER LETTER

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

SUBJECT: DeCody Fagg and Friends Sports Camp 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: Audrey Fagg Wilson
Name (Printed or typed)

242 S. Jan Drive
Address

Panama City, FL 32404
City, State & Zip

(850) 509-7318
Daytime Telephone number

wilsonaudrey166@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: DeCody Fagg and Friends Sports Camp, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

242 S. Jan Drive
Panama City, FL 32404

Mailing address, if different is:

242 S. Jan Drive
Panama City, Fla. 32404
P.O. Box 593 Lynn Haven, FL 32444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to teach kids skills and
techniques of sports, along with education.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: as provided in
by-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>DeCody Fagg, President</u>	Name and Title: <u>Audrey Wilson, Vice President</u> (Fagg)
Address: <u>2242 Attapulgas Hwy</u> <u>Quincy, Fla. 32351</u>	Address: <u>242 S. Jan Drive</u> <u>Panama City, Fla. 32404</u>

Name and Title: _____	Name and Title: _____
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Address: _____	Address: _____
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Name and Title: _____	Name and Title: _____
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Address: _____	Address: _____
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SECRETARY OF STATE
TAMARA HASSLER, CLERK

2018 JUN 26 PM 2:22

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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:

Audrey Fagg Wilson

Address:

242 S. Jan Drive

Panama City, FLA. 32404

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Audrey Fagg Wilson

Address:

242 S. Jan Drive

Panama City, FLA. 32404

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing, June 26, 2018 (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

Audrey Fagg Wilson
Required Signature of Registered Agent

6/26/18
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.

Audrey Fagg Wilson
Required Signature of Incorporator

6/26/18
Date

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TALLAHASSEE, FLORIDA