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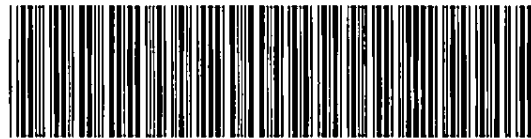
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2018 AUG 27 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Fury Youth Baseball 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: Joel Waite
Name (Printed or typed)

758 Riverbay Ct.
Address

Longwood FL 32779
City, State & Zip

352-516-1206
Daytime Telephone number

JoelWaite12@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: Fury Youth Baseball Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

270 Needles Trail
Longwood FL 32779

Mailing address, if different

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: proper development, training, and
game play in youth baseball to insure a better understanding
and knowledge of the sport so as to lower risks of
unsportsmanship and injury to players, and provide more than
adequate equipment to enable players to understand the
importance of teamwork and commitment. This organization will
help youths who may not have the opportunity to play organized baseball.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Steve Wood, President</u>	Name and Title: <u>Kris Williams, V.P.</u>
Address: <u>270 Needles Trail</u> <u>Longwood FL 32779</u>	Address: <u>8220 Vic Hermans Dr</u> <u>Sanford FL 32771</u>
Name and Title: <u>Joel Waite Board Member</u>	Name and Title: <u>Jeff Grievall Board Member</u>
Address: <u>758 Riverhay ct.</u> <u>Longwood FL 32779</u>	Address: <u>474 Schol Trail Circle</u> <u>Longwood FL 32779</u>
Name and Title: <u>Jack Haley Secretary</u>	Name and Title: <u>Rendon Fletcher Treasurer</u>
Address: <u>1279 Sydney Court</u> <u>Altamonte Springs FL 32714</u>	Address: <u>P.O. Box 131634</u> <u>Casselberry FL 32718</u>

Name and Title: Stane Thompson Board Member Name and Title: _____
Address: 841 Riverbend Blvd Address: _____
Longwood FL 32779 _____

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: Joel Waite
Address: 758 Riverbay Ct.
Longwood FL 32779

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joel Waite
Address: 758 Riverbay Ct.
Longwood FL 32779

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

Joel M. Waite 3-22-18
Required Signature of Registered Agent 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.

Joel M. Waite 3-22-18
Required Signature of Incorporator Date