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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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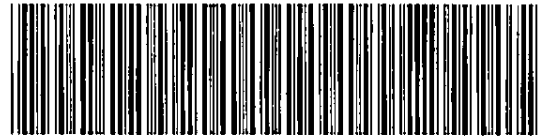
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECTION 160101
DIVISION OF CORPORATIONS
18 AUG 28 PM 5:21

C RICO
SEP 28 2018

COVER LETTER

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

SUBJECT: Phantom Softball, *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: Miranda Morales

Name (Printed or typed)

19 Sapphire Rd

Address

Ocala, Florida 34472

City, State & Zip

(352)680-0108

Daytime Telephone number

Mirandalea0017@aol.com

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

18 AUG 28 PM 5:21
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Phantom Softball, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
19 Sapphire Rd

Ocala Florida 34472

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to become a "Not for profit organization
providing opportunitys for girls ages 8 to 16 in Marion and surrounding
counties to learn Fast Pitch Softball in leagues and Tournaments
Offering a safe and Welcoming environment, providing & teaching
& guidance in learning team work work, sportsmanship, skills
exercises and so much more. An opportunity for all girls
no matter size, shape, race or lack of funds.

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

Nominated by Director

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Miranda Morales</u>	Name and Title:	<u>Director</u>
Address	<u>19 Sapphire Rd</u>	Address:	<u>same</u>
	<u>Ocala Florida 34472</u>		

Name and Title:	<u>Robin Smart</u>	Name and Title:	<u>secretary</u>
Address	<u>po box 831922</u>	Address:	<u>same</u>
	<u>ocala fl 34483</u>		

Name and Title:	<u>Heather Quartararo</u>	Name and Title:	<u>Activity Coordinator</u>
Address	<u>Po Box 831922</u>	Address:	<u>ORANIER</u>
	<u>Ocala FL 34483</u>		

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: Miranda Morales

Address: 19 Sapphire rd

Ocala fl 34472

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Miranda Morales

Address: 19 Sapphire Rd

Ocala Fl 34472

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

Miranda Morales

Required Signature of Registered Agent

7-5-18

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.

Miranda Morales

Required Signature of Incorporator

7-5-18

Date

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
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