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2018 SEP 24 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 25 2018

T. SCOTT

COVER LETTER

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

SUBJECT: Sun and Fun Tri County Senior Softball League, 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: James Milligan
Name (Printed or typed)

1435 St. Lawrence Dr.
Address

Grand Island, Florida 32735
City, State & Zip

352-250-2878
Daytime Telephone number

scrubjay17@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: Sun and Fun Tri County Senior Softball League, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1435 St. Lawrence Dr. Grand Island, FL 32735

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide residents living in adult communities in the Tri-County areas of Florida an opportunity to play completeive senior softball with a focus on safety and good sportsmanship.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donald Sprout, President Name and Title: _____

Address: 116 Azalea Trail Address: _____
Leesburg, Fl. 34748

Name and Title: Robert Falzone, Vice President Name and Title: _____

Address: 14198 SE 88th Ave Address: _____
Summerfield, FL. 34491

Name and Title: James Milligan, Secretary/Treasurer Name and Title: _____

Address: 1435 St. Lawrence Dr. Address: _____
Grand Island, FL 32735

FILED
2009 SEP 24 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, 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: James Milligan
Address: 1435 St. Lawrence Dr.
Grand Island, FL. 32735

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: James Milligan
Address: 1435 St. Lawrence Dr.
Grand Island, FL. 32735

ARTICLE VIII EFFECTIVE DATE: November 1, 2018

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.)

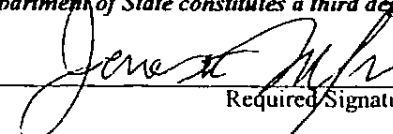
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9/21/2018
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

9/21/2018
Date