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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

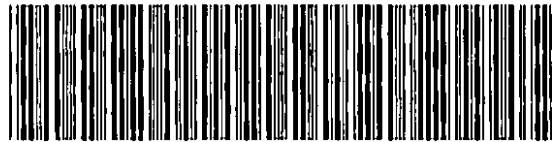
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 FEB - 7 PM 3:34

C RICO  
FEB 07 2018

## COVER LETTER

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

**SUBJECT:** YOUTH SPORTS OF THE GLADE, 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: LINDA SANTIAGO  
Name (Printed or typed)

14575 73RD ST N  
Address

LOXAHATCHEE, FL 33470  
City, State & Zip

561-261-9765  
Daytime Telephone number

LINDAQSAN@ICLOUD.COM  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: YOUTH SPORTS OF THE GLADES, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
14575 73RD ST N  
LOXAHATCHEE, FL 33470

Mailing address, if different is:  
P O BOX 513  
BELLE GLADE, FL 33430

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PROVIDE SPORTSMANSHIP, LEADERSHIP, AND CHARACTER  
BUILDING TO HELP PROMOTE PERSONAL AND ACADEMIC SUCCESS TO UNDERSERVED POPULATIONS  
IN A RURAL COMMUNITY.

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LINDA SANTIAGO, PRESIDENT Name and Title: ELIANA VERA, VICE PRESIDENT

Address: 14575 73RD ST N Address: 226 ROYAL PALM WAY  
LOXAHATCHEE, FL 33470 BELLE GLADE, FL 33430

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
19 FEB -7 PM 3:36

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: LINDA SANTIAGO  
 Address: 14575 73RD ST N  
LOXAHATCHEE, FL 33470

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**ARTICLE VII INCORPORATOR**

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

Name: LINDA SANTIAGO  
 Address: 14575 73RD ST N  
LOXAHATCHEE, FL 33470

**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

2-4-19  
 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

2-4-19  
 Date