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## COVER LETTER

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

**SUBJECT:** Play Ball Charity 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:** Christopher T Kent

\_\_\_\_\_  
Name (Printed or typed)

2397 Troland Rd.

\_\_\_\_\_  
Address

Tallahassee, FL 32308

\_\_\_\_\_  
City, State & Zip

7344745289

\_\_\_\_\_  
Daytime Telephone number

playballcharity@gmail.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: Play Ball Charity Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2397 Troland Rd.

Tallahassee, FL 32308

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To Bring Life, Fun, and Laughter to kids in need by donating sports balls and equipment through their schools, community centers, organizations, and religious institutions.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: By Vote of the Board

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

Name and Title: Christopher T Kent - President

Address: 2397 Troland Rd.

Tallahassee, FL 32308

Name and Title: Marlaina E. Kent - Founder

Address: P.O. Box 2750

Rancho Santa Fe, CA 92067

Name and Title: Michael Kent - Honorary Board Member

Address: 9123 Grand Prix Lane

Boynton Beach, FL 33472

Name and Title: Annabel Kent - Honorary Board Member

Address: 9123 Grand Prix Lane

Boynton Beach, FL 33472

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

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

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

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

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: Christopher Kent

Address: 2397 Troland Rd.  
Tallahassee, FL 32308

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Christopher Kent

Address: 2397 Troland Rd.  
Tallahassee, FL 32308

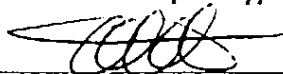
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/1/2020 (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*

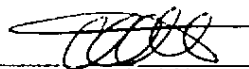


Required Signature of Registered Agent

12/27/2019

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

12/27/2019

Date