

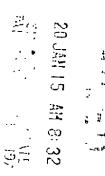
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COVER LETTER

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

Glory Youth Sports Association, Inc. SUBJECT:						
Solvine 1.	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed is an original a	nd one (1) copy of the Arti	cles of Incorporation and	a check for :			
\$70.00	□ \$78.75	■\$78.7 5	□ \$87.50			
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,			
	Certificate of Status	& Certified Copy	Certified Copy & Certificate			
	Status		& Certificate			
			PY REQUIRED			
	T. N. D. J					
FROM:	Todd Parker					
	Name (Printed or typed)					
	17204 Lakay Place					
	Address	-				
	City, State & Zip					
	813-263-8656					
	Daytii	me Telephone number	_			

tap316@aol.com

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

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

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of th	e corporation shall be: Glory Youth	Sports Association, Inc.	
<u>ARTICLE II</u>	PRINCIPAL OFFICE		
1720-	Principal <u>street</u> address: 4 Lakay Place		Mailing address, if different is:
Tamp	pa, FL 33647	-	
for non-profit	purposes. The Glory Association ex	tists for the specific purp	Association promotes the game of fast-pitch softball ose of developing a competitive youth fast-pitch softball
			ighest levels in the country. Our dedicated coaches and
			actices and scheduling the highest level of competitive
activity availa	ble. Reaching these goals must be a	ccomplished within the p	proper framework, instilling character, self-esteem,
confidence an	d sportsmanship.		
ARTICLE V	orth in the Bylaws INITIAL OFFICERS AND/OR I		
Name and Titl	e:	Name and Titl	Ryan Grossi, Treasurer
Address	17204 Lakay Place	Address:	17204 Lakay Place
	Tampa, FL 33647		Tampa, FL 33647
Name and Titl	Stephen Taylor, Secretary	Name and Titl	le:
Address	17204 Lakay Place	Address:	
	Tampa, FL 33647		
Name and Titl	e:	Name and Tit	le:
Address		Address:	
			·

Name and Title:	e: Name and Titl	e:
Address	Address:	
-		
Name and Title:	le: Name and Titl	e:
Address	Address:	
-		
-		
ADTICLE IV	DECISTEDEN ICENT	
The name and I	REGISTERED AGENT 1 Florida street address (P.O. Box NOT acceptable) of the reg	istered agent is:
Name:	Todd Parker, President	
Address:	17204 Lakay Place	
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tampa, FL 33647	
	I INCORPORATOR	
The name and a	1 address of the Incorporator is:	
Name:	Todd Parker. President	
Address:	17204 Lakay Place	
	Tampa. FL 33647	
ADTICLE VIII	W CONDONIUS DATE	
Effective date, i	, if other than the date of filing:	(OPTIONAL.)
(If an effective	e date is listed, the date must be specific and cannot be m	ore than five days prior or 90 days after the filing.)
	late inserted in this block does not meet the applicable statute ffective date on the Department of State's records.	ry filing requirements, this date will not be listed as the
Having been no certificate, I am	named as registered agent to accept service of process for a m familia r with and accept the appointment as registered age	the above stated corporation at the place designated in this not and agree to act in this capacity
		1113/20
Todd Par	1 Ke = Required Signature of Registered Agent	Date
	locument and affirm that the facts stated herein are true. I am	
the Department	nt of State constitutes a third degree felony as provided for in	1
	Table tool	1113/20
Todd Par	Required Signature of Incorporator	Date