# J3000003335

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
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Office Use Only

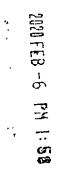
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T. SCOTT



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## **COVER LETTER**

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

| SUBJECT: Englewood A                            | Athletic Booster Club, Inc. |                             |                                 |  |
|---|-----------------------------|-----------------------------|---------------------------------|--|
| (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) |                             |                             |                                 |  |
|   |                             |                             |                                 |  |
|   |                             |                             |                                 |  |
|   |                             |                             |                                 |  |
|   |                             |                             |                                 |  |
| Enclosed is an original a                       | nd one (1) copy of the Ar   | ticles of Incorporation and | a check for:                    |  |
| _   |                             |                             |                                 |  |
| \$70.00   | \$78.75                     | \$78.75                     | \$87.50                         |  |
| Filing Fee                                      | Filing Fee &                | Filing Fee                  | Filing Fee,                     |  |
|   | Certificate of Status       | & Certified Copy            | Certified Copy<br>& Certificate |  |
|   | Julius                      |                             | or commont                      |  |
|   |                             | ADDITIONAL COPY REQUIRED    |                                 |  |
|   |                             | <u></u>                     |                                 |  |
|   |                             |                             |                                 |  |
| FROM:   | Halcigh Williams            |                             |                                 |  |
| rkowi.  | Na                          | Name (Printed or typed)     |                                 |  |
|   | 3554 West Orange Country (  | Club Dr. Suite 140          |                                 |  |

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

Winter Garden, FL 34787

southeast@myrenosi.com

407-614-0103

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

City, State & Zip

Daytime Telephone number

## ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be Englewood Athletic Booster Club, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address: 4412 Barnes Rd Jacksonville, FL 32207

## ARTICLE III PURPOSE

The specific purpose of the corporation is to support the student athletes, parents, coaches and staff of the athletic program at Englewood Senior High School by recruiting volunteers, conducting programs, and raising funds. The corporation is organized and will be operated exclusively for charitable and educational purposes within the meaning of 501(c)(3) of the Internal Revenue Code. (All references to sections in these Articles refer to the Internal Revenue Code of 1986 as amended or to comparable sections of subsequent internal revenue laws.) In pursuance of these purposes, it shall do all things necessary, proper, and consistent with maintaining tax exempt status under section 501(c)(3).

## ARTICLE IV MANNER OF ELECTION

The manner in which directors are elected and appointed is as provided in the Bylaws.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Traci Shell, President 4301 Whispering Inlet Dr Jacksonville, FL 32277

Tammy Huckfeldt, Secretary 3414 Mier Lane

Jacksonville, FL 32216

Jim Sansing, Treasurer 4212 Pittman Rd Jacksonville, FL 32207

# ARTICLE VI REGISTERED AGENT

The name and Florida street address of the Registered Agent is:

Cynthia Bateh 4380 Sycamore Pass CT W Jacksonville, FL 32258 2020 FEB - 6 PM 1: 59

#### *INCORPORATOR* ARTICLE VIL

The name and Florida street address of the Incorporator is:

Cynthia Batch 4380 Sycamore Pass CT W Jacksonville, FL 32258

ARTICLE VIII

ADDITIONAL PROVISIONS

No part of the net earnings of the corporation shall inure to the benefit of or be distributed to any director, employee or other individual, partnership, estate, trust or corporation having a personal or private interest in the corporation. Compensation for services actually rendered and reimbursement for expenses actually incurred in attending to the affairs of this corporation shall be limited to reasonable amounts. No substantial amount of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation and this corporation shall not intervene in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these Articles or of any Bylaws adopted thereunder, this corporation shall not take any action not permitted by the laws which then apply to this corporation.

Upon dissolution of the corporation, its assets shall be disposed of exclusively for the purposes of the corporation or distributed to such organizations organized and operated exclusively for charitable purposes which shall, at the time, qualify as exempt organizations under section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for a public purpose.

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.

Signature of Registered Agent

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. 01/27/2020

# **COVER LETTER**

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

| SUBJECT: Englewood      | Athletic Booster Club, Inc.                          |                                      |  |
|-------------------------|--|--------------------------------------|--|
| GOBILET.                | (PROPOSED CORP                                       | ORATE NAME – <u>MUST IN</u>          | CLUDE SUFFIX)                                      |
| Enclosed is an original | and one (1) copy of the Ar                           | ticles 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:                   |  | me (Printed or typed)                | -  |
|                         | 3554 West Orange Country Club Dr, Suite 140  Address |                                      |  |
|                         | Winter Garden, FL 34787                              | Aduress                              |  |
|                         | <del> </del>   | City, State & Zip                    | -  |

407-614-0103

southeast@myrenosi.com

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

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

Daytime Telephone number

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Tammy Huckfeldt, Secretary

3414 Mier Lane

Jim Sansing, Treasurer 4212 Pittman Rd Jacksonville, FL 32207 Jacksonville, FL 32216

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the Registered Agent is:

Cynthia Bateh 4380 Sycamore Pass CT W Jacksonville, FL 32258

## ARTICLE VII \_\_\_\_\_\_ II

INCORPORATOR

The name and Florida street address of the Incorporator is:

Cynthia Bateh 4380 Sycamore Pass CT W Jacksonville, FL 32258

ARTICLE VIII

ADDITIONAL PROVISIONS

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Signature of Registered Agent

Date

127/2020

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.

Signature of Incorporator