

N21000003929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

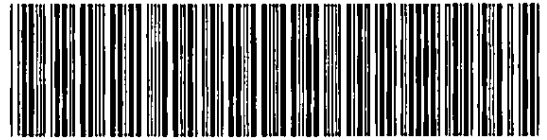
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J DENNIS

APR 05 2021

COVER LETTER

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

SUBJECT: FUSION ATHLETICS 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: David Rivera

Name (Printed or typed)

119 Pamala Ct

Address

Sanford, FL 32771

City, State & Zip

407-272-4711

Daytime Telephone number

Baseballmaniac51@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: FUSION ATHLETICS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
119 Pamela Ct

Sanford Florida 32771

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable and educational purposes
under section 501(c)(3) of the Internal Revenue Code or corresponding section of any future federal tax code and upon the
dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning
of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to
the federal government, or to a state or local government, for a public purpose.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Set forth in bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>David Rivera, President</u>	Name and Title:	<u>Lauren Goodpaster, Secretary</u>
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Address	<u>119 Pamela Ct</u>	Address:	<u>119 Pamela Ct</u>
	<u>Sanford Florida 32771</u>		<u>Sanford Florida 32771</u>

Name and Title:	<u>Alexander Taboas</u>	Name and Title:	<u></u>
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Address	<u>119 Pamela Ct</u>	Address:	<u></u>
	<u>Sanford Florida 32771</u>		<u></u>

Name and Title:	<u></u>	Name and Title:	<u></u>
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Address	<u></u>	Address:	<u></u>
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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: David Rivera

Address: 119 Pamela Ct

Sanford Florida 32771

ARTICLE VII INCORPORATOR

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

Name: David Rivera

Address: 119 Pamela Ct

Sanford Florida 32771


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

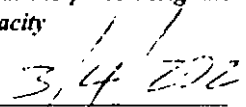
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

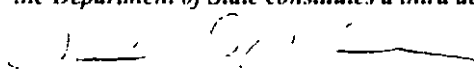


Required Signature of Registered Agent

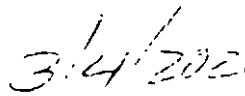


Date

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



Date

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

ARTICLE I NAME

The name of the corporation shall be: FUSION ATHLETICS INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different
<u>119 Pamela Ct</u>	<u></u>
<u>Sanford Florida 32771</u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable and educational purposes
under section 501(c)(3) of the Internal Revenue Code or corresponding section of any future federal tax code
At the time of dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning
of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code
to the federal government, or to a state or local government, for a public purpose.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>David Rivera, President</u>	Name and Title: <u>Lauren Goodpaster, Secretary</u>
Address: <u>119 Pamela Ct</u>	Address: <u>119 Pamela Ct</u>
<u>Sanford Florida 32771</u>	<u>Sanford Florida 32771</u>
<u></u>	<u></u>
Name and Title: <u>Alexander Taboas</u>	Name and Title: <u></u>
Address: <u>119 Pamela Ct</u>	Address: <u></u>
<u>Sanford Florida 32771</u>	<u></u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
<u></u>	<u></u>

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: David Rivera _____

Address: 119 Pamela Ct _____

Sanford Florida 32771 _____

ARTICLE VII INCORPORATOR

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

Name: David Rivera _____

Address: 119 Pamela Ct _____

Sanford Florida 32771 _____

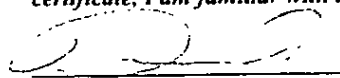
ARTICLE VIII EFFECTIVE DATE:

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 5


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this 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, certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature of Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that any false information to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator