

N 2100000 44 63

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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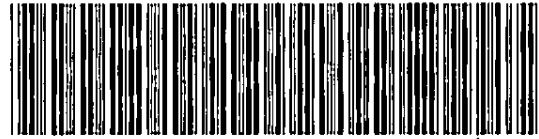
(Business Entity Name)

(Document Number)

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STATE  
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21 MAR 15 AM 6:01

# COVER LETTER

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

**SUBJECT:** WYCLIFFE STIFFS STICKBALL LEAGUE, 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:** ARTHUR SPECTOR  
Name (Printed or typed)

4125 MANCHESTER LAKE DR.  
Address

WELLINGTON, FL 33449  
City, State & Zip

561-660-1973  
Daytime Telephone number

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
21 MAR 15 AM 6:07

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

**ARTICLE I NAME**

The name of the corporation shall be: WYCLIFFE STIFFS STICKBALL LEAGUE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

10718 NORTHGREEN DR., WELLINGTON, FL 33449

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO RUN A STICKBALL LEAGUE FOR RECREATION AND CAMARADERIE

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

MAJORITY VOTE OF THE EXISTING DIRECTORS

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

Name and Title: HARRY KLAFF

Name and Title: DIRECTOR

Address: 4208 IMPERIAL CLUB LANE  
WELLINGTON, FL 33449

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

Name and Title: ALLEN LEBOWITZ

Name and Title: DIRECTOR

Address: 4538 HAZLETONLANE  
WELLINGTON, FL 33449

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

Name and Title: ARTHUR SPECTOR

Name and Title: DIRECTOR

Address: 4125 MANCHESTER LAKE DR.  
WELLINGTON, FL 33449

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: ARTHUR SPECTOR

Address: 4125 MANCHESTER LAKE DR.

WELLINGTON, FL 33449

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ARTHUR SPECTOR

Address: 4125 MANCHESTER LAKE DR.

WELLINGTON, FL 33449

**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*

Arthur Spector  
Arthur Spector Required Signature of Registered Agent

March 12, 2021  
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.*

Arthur Spector  
Arthur Spector Required Signature of Incorporator

March 12, 2021  
Date