

N2108007034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

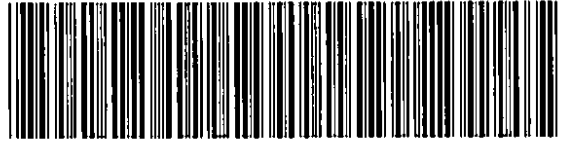
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: BATTLE 14, 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: DONNY BENNETT

Name (Printed or typed)

416 REVADEE SPEARS RD

Address

CRAWFORDVILLE, FL 32327

City, State & Zip

850-528-5019

Daytime Telephone number

beenitboyz@yahoo.com

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

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

STATE
TALLAHASSEE, FL 32314

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

ARTICLE I NAME

The name of the corporation shall be: BATTLE 14, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
416 REVADEE SPEARS RD

CRAWFORDVILLE, FL 32327

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

aid organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

The specific purposes is to hold community events to encourage unity, belief, and love through athletic games and events.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: to be set in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT BENNETT, PRESIDENT

Address 416 REVADEE SPEARS RD
CRAWFORDVILLE, FL 32327

Name and Title: PETE SANDS, VP

Address: 2638 BEAL ST
DELTONA, FL 32738

Name and Title: WAYNE BAKER, SEC

Address 416 REVADEE SPEARS RD
CRAWFORDVILLE, FL 32327

Name and Title: SHANNON ROSIER, TREASURER

Address: 1882 CAPITAL CIR NE 102
TALLAHASSEE, FL 32308

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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: DONNY BENNETT
 Address: 416 REVADEE SPEARS RD
CRAWFORDVILLE, FL 32327

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

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

Name: SHANNON ROSIER
 Address: 1882 CAPITAL CIR NE STE 102
TALLAHASSEE, FL 32308


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

6/10/21
 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

6/10/21
 Date