

N 210000007100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

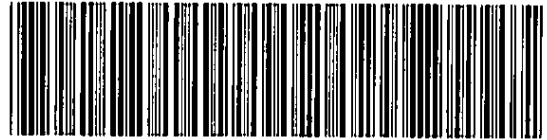
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/28/21--01020--014 **70.00

FILED

21 MAY 28 AM 5:34

SECRETARY OF STATE
TALLAHASSEE, FL 32399

SB
6/12/21

COVER LETTER

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

SFHS Soccer Booster Club, Inc.

SUBJECT: _____
(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: Krista J. Mithchell Cornell

Name (Printed or typed)
23905 NW 196th Terrace

Address
High Springs, FL 32643

City, State & Zip
3522311713

Daytime Telephone number
sfsoccerboosters@gmail.com

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

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

FILED
21 MAY 28 AM 5:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

SFHS Soccer Booster Club, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address:
16213 NW US Hwy 441

Alachua, FL 32615

Mailing address, if different is:

P.O. Box 1896

High Springs, FL 32655

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to support, encourage, and advance the soccer program and related activities of SFHS; to promote projects to improve facility and equipment necessary to provide an excellent soccer program for SFHS; provide for soccer-related financial needs as outlined the Bylaws; model its conduct exclusively as a public charity for purposes that qualify as exempt unders ection 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Krista J. Mitchell Cornell - Pres

Address: P.O. Box 1896

High Springs, FL 32655

Name and Title: Amy Broskey - Secretary

Address: P.O. Box 1896

High Springs, FL 32655

Name and Title: Heidi Day - Treasurer

Address: P.O. Box 1896

High Springs, FL 32655

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

21 MAY 28 AM 5:36
SECRETARY OF STATE
TALLAHASSEE, FL 32304

FILED

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: Krista J. Mitchell Cornell

Address: 23905 NW 196th Terrace

High Springs, FL 32643

ARTICLE VII INCORPORATOR

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

Name: Krista J. Mitchell Cornell

Address: P.O. Box 1896

High Springs, FL 32643

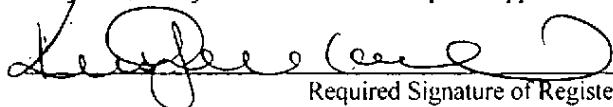
ARTICLE VIII EFFECTIVE DATE:

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

5-26-2021

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.


Required Signature of Incorporator

5-26-2021

Date

FILED
21 MAY 28 AM 5:34
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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

ARTICLE I NAME

The name of the corporation shall be:

SFHS Soccer Booster Club, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
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Alachua, FL 32615

Mailing address, if different is:
P.O. Box 1896

High Springs, FL 32655

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and related activities of SFHS; to promote projects to improve facility and equipment necessary to
provide an excellent soccer program for SFHS; provide for soccer-related financial needs as outlined
the Bylaws; model its conduct exclusively as a public charity for purposes that qualify as exempt
unders ection 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future
federal tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

FILED
21 MAY 2011
AM 5:34
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Krista J. Mitchell Cornell - Pres

Address: P.O. Box 1896

High Springs, FL 32655

Name and Title: _____

Address: _____

Name and Title: Amy Broskey - Secretary

Address: P.O. Box 1896

High Springs, FL 32655

Name and Title: _____

Address: _____

Name and Title: Heidi Day - Treasurer

Address: P.O. Box 1896

High Springs, FL 32655

Name and Title: _____

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: Krista J. Mitchell Cornell
Address: 23905 NW 196th Terrace
High Springs, FL 32643

FILED
21 MAY 28 AM 5:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Krista J. Mitchell Cornell
Address: P.O. Box 1896
High Springs, FL 32643

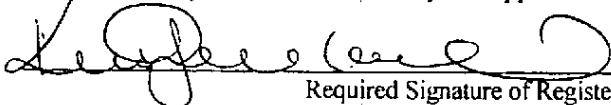
ARTICLE VIII EFFECTIVE DATE:

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

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5-26-2021

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5-26-2021