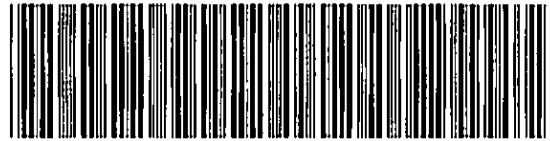


N21000011705

05



300374039433

09/30/21--01019--020 **78.75

2021 SEP 30 PM 6:39
SECRETARY OF STATE
TALLAHASSEE, FL
FBI 2020

(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:

Office Use Only

2

COVER LETTER

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

SUBJECT: Sneads Youth Recreation Development Corporation, 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: ELMON LEE GARNER
Name (Printed or typed)

2028 3RD AVE
Address

SNEADS, FLORIDA 32460
City, State & Zip

850-593-6636
Daytime Telephone number

sneadsmgr@sneadstl.com

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

FILED
2021 SEP 30 PM 8:39
SECRETARY OF STATE
TALLAHASSEE, FL

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: Sneads Youth Recreation Development Corporation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2028 3rd Ave

Sneads, Florida 32460

Mailing address, if different is:

PO Drawer 159

Sneads, Florida 32460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide assistance to the Town of Sneads in the operation of the Town's Recreation Department with registration of individuals for various sports programs, do scheduling, selecting coaches, provide assistance with administration, apply for grants and donations for the department, and perform many of the duties of a Parks Recreation Director, under the guidance of the the Town Manager.

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: WENDI LEWIS, PRESIDENT

Address: 7432 Shady Grove Road
Grand Ridge, Fl 32442

Name and Title: HEATHER McINTOSH, VICE PRES

Address: 8246 Shady Grove Road
Grand Ridge, Fl 32442

Name and Title: PATRICK JONES, BD MEMBER

Address: 25436 MW Bowden Road
Altha, Fl 32421

Name and Title: MATT NEEL, BD MEMBER

Address: 2033 Sikes Ave
Sneads, Fl 32460

Name and Title: STEVEN SUBEL, BD MEMBER

Address: 6794 Messer Road
Grand Ridge, Fl 32442

Name and Title: _____

Address: _____

FILED
2021 SEP 30 PM 2:39
TOWN MGR. Sneads

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: WENDI LEWIS

Address: 7432 Shady Grove Road

Grand Ridge, FL 32442

ARTICLE VII INCORPORATOR

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

Name: ELMON LEE GARNER

Address: 2028 3RD Ave

Sneads, FL 32460

FILED
2021 SEP 30 PM 6:38
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: October 1, 2021 (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

Wendi Lewis

Required Signature of Registered Agent

9-22-2021

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 §817.155, F.S.

Elmon Lee Garner

Required Signature of Incorporator

9-22-2021

Date