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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: A League of their Own, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

~~NO~~  
~~\$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: Stephenie Renee Cooper  
Name (Printed or typed)

9824 Smarty Jones Dr  
Address

Ruskin FL 33573  
City, State & Zip

813-633-9870  
Daytime Telephone number

Aleagueoftheirowntampa@gmail.com  
E-mail address (to be used for future annual report notification)

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TALLAHASSEE, FL 32314

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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: A League of their Own, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

9824 Smarty Jones DR  
Ruskin FL 33573

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide the community  
with an adults Special Needs Baseball  
League. Giving the Community the opportunity to  
provide its disabled adults a place to feel  
a part of something the love and feel  
able to do it.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Volunteer  
basis

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

Name and Title:	<u>Stephenie Renee Coonrod</u>	Name and Title:	<u>Faye Formolo</u>
Address:	<u>9824 Smarty Jones DR</u>	Address:	<u>11330 Ivy Flower Loop</u>
	<u>Ruskin FL 33573</u>		<u>RIVERVIEW FL 33578</u>
	<u>* President / Founder</u>		<u>* Secretary</u>
Name and Title:	<u>Dennis Mueller</u>	Name and Title:	
Address:	<u>504 Herchel Dr.</u>	Address:	
	<u>Temple Terrace FL 33617</u>		
	<u>* V.P. / Co-Founder</u>		
Name and Title:	<u>Jess D. Coonrod</u>	Name and Title:	
Address:	<u>9824 Smarty Jones DR</u>	Address:	
	<u>Ruskin FL 33573</u>		
	<u>* Treasurer</u>		

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ALLAHABIE, FLORIDA

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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: Stephenie Renee Coonrod  
Address: 9824 Smooty Jones Dr.  
Ruskin FL 33573

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Stephenie Renee Coonrod  
Address: 9824 Smooty Jones Dr.  
Ruskin FL 33573

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TALLAHASSEE, FLORIDA

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**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*

Stephenie Renee Coonrod  
Required Signature of Registered Agent

8-12-2022  
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.*

Stephenie Renee Coonrod  
Required Signature of Incorporator

8-12-2022  
Date