

N22 0000613700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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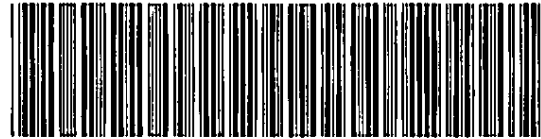
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: CABLE WAKEBOARD ASSOCIATION, 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: JILLIAN T. SPANGLER, ESQ.

Name (Printed or typed)

245 S. CENTRAL AVE.

Address

BARTOW, FL 33830

City, State & Zip

863-533-7117

Daytime Telephone number

JILLIAN@BOSDUN.COM

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

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

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FILED

CL

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: CABLE WAKEBOARD ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

807 Arietta Drive

Auburndale, FL 33823

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The charitable, educational, social, and athletic support, engagement, and promotion of wake boarding minors in the Polk County area

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles E. Johnson

Address: 807 Arietta Drive
Auburndale, FL 33823

Name and Title: Ashley Johnson

Address: 807 Arietta Drive
Auburndale, FL 33823

Name and Title: Theo Koester

Address: 565 Somerset Drive
Auburndale, FL 33823

Name and Title: Mallorie Harrison

Address: 480 Lake Juliana Drive
Auburndale, FL 33823

Name and Title: Rebecca Cole

Address: 563 Somerset Drive
Auburndale, FL 33823

Name and Title: _____

Address: _____

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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: Charles E. Johnson _____

Address: 807 Arietta Drive _____

Auburndale, FL 33823 _____

ARTICLE VII INCORPORATOR

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

Name: Charles E. Johnson _____

Address: 807 Arietta Drive _____

Auburndale, FL 33823 _____

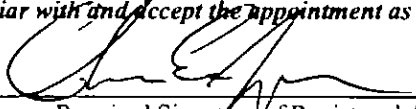
ARTICLE VIII EFFECTIVE DATE:

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

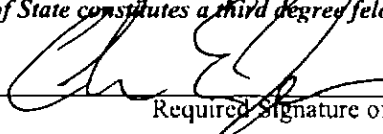


Required Signature of Registered Agent

11/7/22

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

11/8/22

Date

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FBI - TAMPA

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