N23000003797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Tampa Hornets 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: Donte T Allen
Name (Printed or typed)

3105 E. Pocahontas Ave
Address

Tampa Florida 33610
City, State & Zip

813-551-8559
Daytime Telephone number

Dalopapiobie@gmail.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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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Tampa Hornets Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

1211 E Sligh Ave
Tampa Fl 33604

Mailing address, if different is:

3105 E Pocahontas Ave
Tampa Fl 33610

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Exclusively for charitable, religious educational, and scientific purposes

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointed by president

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donte T Allen +
Address 3105 E Pocahontas Ave
Tampa Fl 33610

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
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Name and Title:
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Address:

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TALLAHASSEE, FL

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: Dante T Allen

Address: 3105 E Pocahontas Ave

Tampa FL 33610

ARTICLE VII INCORPORATOR

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

Name: Dante T Allen

Address: 3105 E Pocahontas Ave

Tampa FL 33610

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TALLAHASSEE, FL

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

Dante Allen

Required Signature of Registered Agent

4-11-23

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.

Dante Allen

Required Signature of Incorporator

Date