

N23000008026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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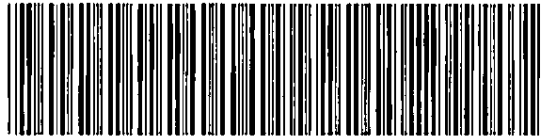
(Business Entity Name)

(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:** THE VENTRELL MILLER FOUNDATION, 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: SHANNON ROSIER  
Name (Printed or typed)

\*\*\*PICK UP\*\*\*

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

850-877-6362  
Daytime Telephone number

shannon@rosierco.com

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

**FILED**  
2023 JUL -5 AM 12  
SECRETARY OF S  
TALLAHASSEE

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

**ARTICLE I NAME**

The name of the corporation shall be: THE VENTRELL MILLER FOUNDATION, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1882 CAPITAL CIR NE STE 102

TALLAHASSEE, FL 32308

Mailing address, if different is:

PO Box 16375

Tallahassee, FL 32317

**ARTICLE III PURPOSE**

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

Including for such purposes, the making of distributions to organizations that qualify as exempt organizations described under  
section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Upon the dissolution of  
the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3), or future tax  
codes. This entity was created to promote and educate youth sports models and learning environments. To instill values and improv  
the social well-being of the youth most in need while recognizing and building upon the interaction of other youths that possess  
strong moral character.

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

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

Name and Title: Ventrell Miller, President

Address: PO Box 16375  
Tallahassee, FL 32317

Name and Title: Shannon Rosier, Treasurer

Address: PO Box 16375  
Tallahassee, FL 32317

Name and Title: Sammy Spina, VP

Address: PO Box 16375  
Tallahassee, FL 32317

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JUL -5 AM 12:35

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Shannon Rosier

Address: 1882 Capital Cir NE Ste 102

Tallahassee, FL 32308

**ARTICLE VII INCORPORATOR**

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

Name: Shannon Rosier

Address: PO Box 16375

Tallahassee, FL 32317

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/01/2023 (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

Shannon Rosier  
Required Signature of Registered Agent

7/5/2023  
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.

Shannon Rosier  
Required Signature of Incorporator

7/5/2023  
SECRETARY OF STATE  
TALLAHASSEE, FL  
2023 JUL -5 AM 12:35  
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