

N23000008406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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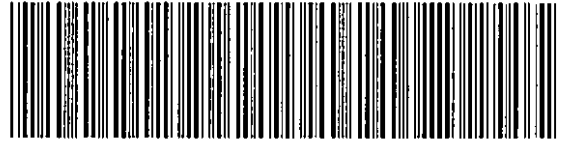
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

RS

COVER LETTER

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

SUBJECT: South Lake Soldiers Youth Sports 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: Ravindranath Rampersad

Name (Printed or typed)

3244 White Blossom Lane

Address

Clermont, FL 34711

City, State & Zip

(718) 887-6321

Daytime Telephone number

Rampersad82@aol.com

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

DEPARTMENT OF STATE
TALLAHASSEE, FL

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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: South Lake Soldiers Youth Sports Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3244 White Blossom Lane

Clermont, FL 34711

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide children of the surrounding community the opportunity to engage in amateur sports competitions, participation and activities. To educate the public on the benefits of physical/mental health, wellness, fitness and the recreational value of youth sports. Said corporation is organized exclusively for "educational", "charitable" and "fostering national or international amateur sports competition" under IRC 501(c)(3) on the grounds that it teaches sports to youth. It combats juvenile delinquency and lessens the burdens of the government by providing mentorship, role models, teaches children to become disciplined and work together as a team, to respect each other, respect authority and provides a safe nurturing environment for positive behaviors to develop and grow.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: See Bylaws...

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ravindranath Rampersad -President

Address: 3244 White Blossom Lane
Clermont, FL 34711

Name and Title: Tim Moses -Vice President

Address: 2034 Ficus Street
Mascotte, FL 34753

Name and Title: Walter Brown -League Commissioner

Address: 638 Blue Street
Groveland, FL 34736

Name and Title: PJ Keeney-Asst. League Commissioner

Address: 6100 Windmill Road
Leesburg, FL 34748

Name and Title: Ronald Days-Treasurer

Address: 1189 Grenly Avenue
Groveland, FL 34736

Name and Title: Roseanne Keeney- Secretary

Address: 6100 Windmill Road
Leesburg, FL 34748

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JUL 26 2023
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JUL 26 2023
CLERK OF COURT

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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: Ravindranath Rampersad
Address: 3244 White Blossom Lane
Clermont, FL 34711

ARTICLE VII INCORPORATOR

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

Name: Ravindranath Rampersad
Address: 3244 White Blossom Lane
Clermont, FL 34711

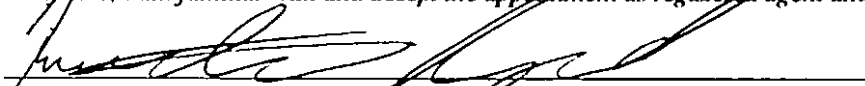
ARTICLE VIII EFFECTIVE DATE:

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.)

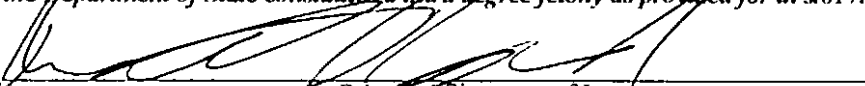
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

06-21-2023
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.


Required Signature of Incorporator

06-21-2023
Date

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TALLAHASSEE
FLORIDA SECRETARY OF STATE