

N23000010111

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000289545 3)))



H230002895453ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : WARD, DAMON & POSNER, P.A.
Account Number : 072262000447
Phone : (561)842-3000
Fax Number : (561)842-3626

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: usehgmur@warddamon.com

RECEIVED

2023 AUG 21 PM 1:55

CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
FLORIDA BASEBALL CLUB INC.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

SECRETARY OF STATE
TALLAHASSEE, FL

2023 AUG 21 AM 10:48

FILED

COVER LETTER

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

SUBJECT: FLORIDA BASEBALL CLUB 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: ADAM R. SELIGMAN, ESQ.

Name (Printed or typed)

4420 BEACON CIRCLE

Address

WEST PALM BEACH, FLORIDA 33407

City, State & Zip

561-842-3000

Daytime Telephone number

ASELIGMAN@WARD DAMON.COM

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

2023 AUG 21 AM 10:48
CLERK OF STATE
TALLAHASSEE, FL

FILED

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: FLORIDA BASEBALL CLUB INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

531 SW MANOR DRIVE

STUART, FL 34994

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE ASSISTANCE TO PRIVATE AND PUBLIC

ORGANIZATIONS THAT SUPPORT ATHLETIC, EDUCATIONAL AND HEALTH DEVELOPMENT TO CHILDREN

INTERESTED IN DEVELOPING THEIR BASEBALL SKILLS AND ALL OTHER USES RELATED THERETO.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: AS

provided by the By-laws of the corporation

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RYAN ELLIS - PRESIDENT

Name and Title: _____

Address: 531 SW MANOR DRIVE

Address: _____

STUART, FL 34994

Name and Title: JODI ELLIS - Secretary/Treasurer

Name and Title: _____

Address: 531 SW MANOR DRIVE

Address: _____

STUART, FL 34994

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2023 AUG 21 AM 10:48

FILED

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: Adam R. Seligman, Esq.

Address: Ward Damon PL

4420 Beacon Circle, WPB, FL 33407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adam R. Seligman, Esq.

Address: 4420 Beacon Circle

West Palm Beach, Florida 33407

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

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

8/21/2023

Date

8/21/2023

Date

2023 AUG 21 AM 10:48
STATE OF FLORIDA
DEPARTMENT OF STATE

FILED