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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

| Email | Address: | |
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FLORIDA PROFIT/NON PROFIT CORPORATION Athletic Officials Incorporated

| Certificate of Status | 0 |
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Help



ARTICLES OF INCORPORATION

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

| ARTICLE | II PRINCIPAL OFFICE | | | |
|---|---|---|--------------------|-------------|
| 79 | Principal <u>street</u> address: 01 4th St N | Mailing address, if different is: 7901 4th St N | | |
| ST | TE 300 | STE 300 | | |
| St | Petersburg, FL 33702 | St. Petersburg, FL 33702 | | - |
| ARTICLE A | THE PURPOSE of the corporation is organized | . See Attached Page | | |
| | | | | |
| | | | | |
| | | | | • |
| | | | | |
| ARTICLE I | V MANNER OF ELECTION The | Per Bylaw: | s | |
| <u>ARTICLE I</u> | V MANNER OF ELECTION The | manner in which the directors are elected and appointed; | 5 | |
| | | | 5 | |
| ARTICLE 3 | / INITIAL OFFICERS AND/OR DI | RECTORS LIGHWANE LAWARENCE (D. C.) | 5 | |
| ARTICLE I ARTICLE 3 Name and T | / INITIAL OFFICERS AND/OR DI itle: MITCHELL, JAMES (D, P) 25973 SW 133rd PL | Name and Title. 110PKINS, LAWARENCE (D. S) | 5 | |
| ARTICLE 3 | / <u>INITIAL OFFICERS AND/OR DI</u> itle: MITCHELL, JAMES (D, P) | Name and Title. 110PKINS, LAWARENCE (D, S) 27525 sw 168TH AVE | 2024. | |
| ARTICLE 3 | MITCHELL, JAMES (D, P) 25973 SW 133rd PL Homestead, FL 33032 | Name and Title. HOPKINS, LAWARENCE (D, S) | | (|
| ARTICLE 3 Name and T | MITCHELL, JAMES (D, P) 25973 SW 133rd PL Homestead, FL 33032 | Name and Title: Name and Title: HOPKINS, LAWARENCE (D, S) | 2024 JAN 12 | |
| ARTICLE 3 Name and T Address Name and T | MITCHELL, JAMES (D, P) 25973 SW 133rd PL Homestead, FL 33032 ROBINSON, WILLIE (D) 1761 NW 11th AVE | Name and Title. HOPKINS, LAWARENCE (D, S) Address: Homestead, FL 33031 | 2024 JAN 12 PM | |
| ARTICLE 3 | MITCHELL, JAMES (D, P) 25973 SW 133rd PL Homestead, FL 33032 ROBINSON, WILLIE (D) | Name and Title: Name and Title: HOPKINS, LAWARENCE (D, S) | 2024 JAN 12 | |
| Name and T Address Name and T Address | MITCHELL, JAMES (D, P) 25973 SW 133rd PL Homestead, FL 33032 ROBINSON, WILLIE (D) 1761 NW 11th AVE Homestead, FL 33030 | Name and Title: Name and Title: HOPKINS, LAWARENCE (D, S) | 2024 JAN 12 PM 12: | |

| 1/12/2024 10:32:59 PST | To: 18506176380 | Page: 3/4 | Fram: Registered Agents Inc | Fax: 8134365206 |
|------------------------|-----------------|-----------------|-----------------------------|-----------------|
| Name and Title: | | Name and Title: | | |
| Address | | Address: | | |
| | | ···· | | |
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| _ | | | |
| Name and Litle: | | Name and Little: | : |
| Address _ | | Address: | |
| _ | | | |
| - | | | |
| | <u>REGISTERED AGENT</u> | | |
| The <u>name and F</u> | lorida street address (P.O. Box NOT | acceptable) of the regis | stered agent is: |
| Name: | Registered Agents Inc | | |
| Address: | 7901 4th St N STE 300 | · | |
| | St. Petersburg, FL 33702 | | |
| ARTICLE VII | INCORPORATOR | | |
| | Idress of the Incorporator is: | | |
| Name: | Robin Jones | | |
| Address: | 7901 4th St N STE 300 | | |
| | St. Petersburg, FL 33702 | · | |

<u>ARTICLE VIII EFFECTIVE DATE:</u> 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 corpora certificate, I am familiar with and accept the appointment as registered agent and agree to act in this | | place des | iggigled 24 | in this |
| David Keberts | 10/5/2023 | | JAN | ************************************** |
| Required Signature of Registered Agent | 1 | Dáte | -2 | 1700 |
| I submit this document and affirm that the facts stated herein are true. I am aware that any false infethe Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | ormation su | bhjitied ir Ti | ra docu. P | ment to |
| Relien parcy | 10/5/2023 | 1755 2155 | 12: 3 | |
| Required Signature of Incorporator | | Date- | 2 | |