

N24000004676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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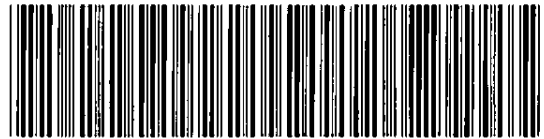
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Bobcat Boy's Volleyball Booster 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: Raymond Soler
Name (Printed or typed)

15030 Windover Way
Address

Davie, FL 33331
City, State & Zip

305-968-3259
Daytime Telephone number

wbhsboysvolleyballbooster@gmail.com
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Bobcat Boy's Volleyball Booster Club, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

15030 Windover Way

Davie, FL 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Bobcat Boy's Volleyball Booster Club shall exist for the charitable purpose under the IRC Section 501©(3) by broadening the development of and supporting the Boy's Volleyball program at West Broward High School with the involvement of students, students' families, supporters and the school.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors will be elected by a majority vote of the members annually.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raymond Soler – President

Address: 15030 Windover Way

City, State, Zip: Davie, FL 33331

Name and Title: Connie Fischman – Vice President

Address: 14852 SW 51st Street

City, State, Zip: Davie, FL 33331

Name and Title: Melissa De Bedout – Secretary

Address: 14920 Tetherclift Street

City, State, Zip: Davie, FL 33331

Name and Title: Natalie Izquierdo-Tsagaroulis – Treasurer

Address: 2046 NW 180th Avenue

City, State, Zip: Pembroke Pines, FL 33029

ARTICLE VI REGISTERED AGENT

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

Name and Title: Raymond Soler
Address: 15030 Windover Way
City, State, Zip: Davie, FL 33331

ARTICLE VII INCORPORATOR

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

Name and Title: Lourdes Soler
Address: 15030 Windover Way
City, State, Zip: Davie, FL 33331

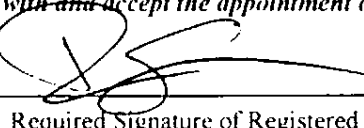
ARTICLE VIII EFFECTIVE DATE:

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

4-03-2024

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

4-03-2024

Date