

N24000006089

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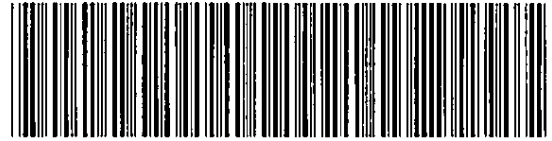
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: CAPITAL CITY TITANS, 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: DERRICK A. BROWN
Name (Printed or typed)

1309 NANCY DR.
Address

TALLAHASSEE, FL 32301
City, State & Zip

(850) 284-9843
Daytime Telephone number

DABROWN71@gmail.com
E-mail address: (to be used for future annual report notification)

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:

Capital City Titans, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1309 Nancy Drive
Tallahassee, FL
32301

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To organize a developmental baseball environment
for all youth players and to establish travel
baseball team(s) whereby the participants
will have fun, learn, and grow both as
players and people.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointment

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Faydra Hawkins-Brown ^{President} Name and Title: _____

Address: 1309 Nancy Dr Address: _____
Tallahassee, FL
32301

Name and Title: Pon Blair ^{Vice President} Name and Title: _____

Address: 13985 Waukegan Highway Address: _____
Monticello, FL
32344

Name and Title: Derrick Brown ^{Treasurer/Secretary} Name and Title: _____

Address: 1309 Nancy Dr Address: _____
Tallahassee, FL
32301

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: Derrick Brown

Address: 1309 Nancy Dr.
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Derrick Brown

Address: 1309 Nancy Dr.
Tallahassee, FL 32301

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

[Signature]
Required Signature of Registered Agent

5/24/24
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.

[Signature]
Required Signature of Incorporator

5/24/24
Date