N24000011245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

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COVER LETTER

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

SUBJECT: Seminoles Womens Ice Hockey
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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TALLAHASSEE, FLORIDA

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: Siena Hayman
Name (Printed or typed)

4193 NW 53 ST
Address

Boca Raton, Fl 33496
City, State & Zip

561-445-9793
Daytime Telephone number

Sienah31@yahoo.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: Seminoles Womens Ice Hockey Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

4193 NW 53 ST
Boca Raton, FL
33496

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: non-profit womens ice hockey club at Florida State University

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ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Future electoral vote. This year, president and treasurer appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Siena Hayman - President

Address 4193 NW 53 ST
Boca Raton FL, 33496

Name and Title: Maya Anderson - treasurer

Address 239 S Ocala Rd.
Unit 2-2204 Tallahassee
FL 32304

Name and Title:

Address

Name and Title:

Address:

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: Siena Hayman

Address: 9193 NW 53 ST

Boca Raton, FL 33496

ARTICLE VII INCORPORATOR

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

Name: Siena Hayman

Address: 9193 NW 53 ST

Boca Raton, FL 33496

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/23/24 (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 — Date: 09/23/24

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 — Date: 09/23/24