

N24000011245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

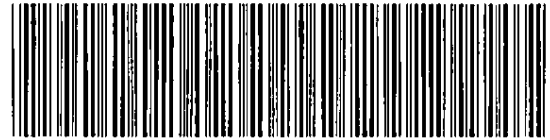
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 SEP 23 AM 9:47

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09/24/24--01001--007 **78.75

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COVER LETTER

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

SUBJECT: Seminole Womens Ice Hockey
(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

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2024 SEP 23 AM 9:47
TALLAHASSEE, FL

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

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: Sienna Hayman - President Name and Title: _____

Address: 4193 NW 53 ST Address: _____
Boca Raton FL, 33496

Name and Title: Maya Anderson - treasurer Name and Title: _____

Address: 235 S Ocala Rd. Address: _____
Unit 2-2204 Tallahassee
FL 32304

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF COURT
JACKSONVILLE, FL

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: Sierra Hayman

Address: 4193 NW 53 ST
Boca Raton, FL 33490

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sierra Hayman

Address: 4193 NW 53 ST
Boca Raton, FL 33490

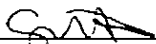
ARTICLE VIII EFFECTIVE DATE:

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

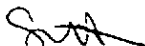


Required Signature of Registered Agent

09/23/24

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.



Required Signature of Incorporator

09/23/24

Date

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DATE
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