V95000003037

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

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SUBJECT:	SANTA		RTS ASSOCIATION		AF, INC.		
		-	ate name - must include su	• •			
(**NAME WAS CN JUNE	CLEARED W 7, 1995.)	TTH DEPT OF ST	'ATE DIVISIO	ON OF COR	iPS	
Enclosed is a		ne(1) copy of t	he articles of incorpor	ation and a chec	SECRETAL SECRETA	п	
	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	22 PI	ILEO	
FROM: DARLENE ATES Name (Printed or typed) 4313 CHALET CIRCLE							
			Address				
	PACE, FLORIDA 32571						
		Cit	y, State & Zip				
	(904)	995-4347	•	AY 1-800-95	5-8770)		
		Daytime	Telephone number				
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

Name

The name of the corporation shall be:

SANTA ROSA SPORTS ASSOCIATION OF THE DEAF, INC.

ARTICLE II

Principal place of business and mailing address
The principal place of business and mailing address of this corporation shall be:

DARLENE ATES
4313 CHALET CIRCLE
PACE, FLORIDA 32571

FILED

1995 JUN 22 PH 3: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

A. TO PROMOTE AND ENCOURAGE PARTICIPATION OF THE DEAF COMMUNITY AND SUPPORTERS IN ALL ASPECTS OF COMMUNITY ACTIVITIES INCLUDING FUND-RAISING TO SUPPORT THE OBJECTIVES. B. TO EXERCISE ALL RIGHTS AND POWERS CONFERRED BY THE LAWS OF THE STATE OF FIORIDA UPON NONPROFIT CORPORATIONS. C. PROVIDED, HOWEVER, THAT THE CORPORATION SHALL NOT ENGAGE IN ANY ACTION WHICH IS NOT PERMITTED TO BE CARRIED ON BY A NONPROFIT CORPORATION UNDER THE INTERNAL REVENUE CODE AND NO PART OF THE NET EARNINGS OF THE CORPORATION SHALL INURE TO THE BENEFIT OF OR BE DISTRIBUTABLE TO ITS MEMBERS, DIRECTORS, OR OFFICERS; BUT THE CORPORATION SHALL BE AUTHORIZED AND EMPOWERED TO PAY REASONABLE COMPENSATION TO THESE PEOPLE FOR SERVICES RENDERED, AND TO MAKE PAYMENTS AND DISTRIBUTIONS IN FURTHERANCE OF ITS STATED PURPOSES.

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

ELECTED BY THE MEMBERS OF THE ORGANIZATION AT ANNUAL MEETING.

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

TO CONDUCT BUSINESS AS REQUIRED IN FUTHERANCE OF THE CORPORATE OBJECTIVES.

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

DARLENE ATES 4313 CHALET CIRCLE PACE, FLORIDA 32571

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are).

JARLENE ATES 431, CHALET CIRCLE PACE, FLORIDA 32571

The undersigned incorporator has executed thes	e Articles of Incorporation this <u>S</u> day of
Signature of Incorporator:	DARLENE ATES

Typed name of incorporator signing

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

	SANTA	ROSA	SPORTS	ASSOCIATION	OF	THE	DEAF,	INC.			
			<u>-</u>	(must includ				 			
2.	The name	and add	ress of the	registered agent a	nd off	ice is:	:		TALL	1995	
	DARLENE ATES						RETAR	JUN 22	FIL		
				(Nамі	.)				HIGH HIGH		m
			4313 CHALET CIRCLE				$= \mathbb{D}_{U_i}$	35	O		
		•	(P.O.	Box or Mail Drop Bo	x NOT	ACCE	PTABLE)		ORDA CARA	07	
					32571		-		4-2		

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(CITY/STATE/ZIP)

(SIGNATURE)

(DATE)