TRANSMITTAL LETTER

N98000000887

Department State

Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

SUBJECT: DCA	la Flames Tr (Proposed corpora	aveling Basek te name - must include suffix	sall Club,	Inc.	
		90	00002429 -02/13/980 *****78,75		
Enclosed is an original	and one(1) copy of the article	es of incorporation and a	check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM	: Karen Ca	Clloway nted or typed),			
	5611 SE 2	2nd ST			
Ocala FL 34471 City, State & Zip					
Haven	GAVE 2 - 694 Daytime Tel	-1402_ephone number	ARY OF SSEE, F	B 13 P	
AUTHORIZATION BY PI	HONE TO		STATE	f: 28	
CORRECT OTT.	98		>	ω	
DATE NOT	E Please provide the original	ginal and one copy of th	ne articles.		
DOC. EXAM.		· · · · · · · · · · · · · · · · · · ·			

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

	ARTICLE I NAME The name of the corporation shall be:	~~C	
	Ocala Flames Traveling Baseball Club, I	-1 10 ,	
	ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: Ocala, FL 56/1 SE 2nd ST Ocal		34411
	ARTICLE III PURPOSE(S) The specific purpose(s) for which the corporation is organized is(are): To play in organized youth base ball	tourr	raments.
3.	ARTICLE IV MANNER OF ELECTION OF DIRECTORS The manner in which the directors are elected or appointed is: majority Vote of the pagents apart of the article v initial registered agent and Florida street address of the initial registered agent are:	team.	
	Karen Calloway 5611 SE 2nd ST Ocala, PL 34471 ARTICLE VI INCORPORATOR The name and address of the Incorporator to these Articles of Incorporation are: Karen Calloway SII SE 2nd ST Ocala, FL 34471 Haren Calloway Ocala, FL 34471 Signature/Incorporator Date	98 FEB 13 PM 4: 28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	(An additional article must be added if an effective date is requested.)		

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.