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SEPTILIANSEE FLORIDA

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

· · · · <del>- · · · · · · · · · · · · · · ·</del>	O'LAKES XCEL GATORS ( ginal and one (1) copy of the a		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	NENA M, MYERS P.O. BOX 956 LAND O'LAKES.		

Enclosures: Original and two copies of Articles

Department of State Division of Corporations Attn: Dale White Document Specialist/New Filings Section P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: LAND O'LAKES XCEL GATORS CHEERLEADING, INC.

Dear Mr. White:

This is in response to your letter of October 3, 2003, reference number W03000028592. The corrections have been made and I request your review and filing of the enclosed papers. My filing fees were initially sent with the original papers in the amount of \$87.50 to cover the filing fee, certified copy and certificate of status by personal check numbered 5925, which you have in your possession.

This corporation is a for profit corporation.

Enclosed is the original and two copies of my document as directed by the sample transmittal letter. Thank you for your review and assistance in this matter.

Sincerely,

Enclosures: Original and two copies of Articles



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 3, 2003

NENA M, MYERS PO BOX 956 LAND O'LAKES, FL 34639

SUBJECT: LAND O'LAKES XCEL GATORS CHEERLEADING, LLC

Ref. Number: W03000028592

We have received your document for LAND O'LAKES XCEL GATORS CHEERLEADING, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

----Complete the incorporator's address

Are you a profit or not for profit corporation? Call if you have questions.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White Document Specialist New Filings Section

Letter Number: 503A00054468

## FILED

### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Proft3 OCT 16 AM 10: 57

T SECRETARY OF STATE TALLAHASSEE FLORIDA

### ARTICLE I - NAME

The name of the corporation shall be:

# LAND O'LAKES XCEL GATORS CHEERLEADING, INC.

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 956, Land O'Lakes, Florida 34639

### **ARTICLE III - PURPOSE**

The purpose for which the corporation is organized is:

To offer the families in the Land O'Lakes and immediate areas an opportunity for their youth to excel in the sport of cheerleading within an ALL Star arena. In the process, trained staff will be teaching positive attitudes of team spirit, discipline and other wholesome principles to our youth and young adults. The targeted age groups will be 4<sup>th</sup> to 12<sup>th</sup> grade levels. Three initial starting squads will be formed: Pee Wee's (grades 6<sup>th</sup> and below); Juniors (grades 9<sup>th</sup> and below); and Seniors (grades 12<sup>th</sup> and below).

### **ARTICLE IV - SHARES**

The number of shares is seventy-five.

### ARTICLE V - INITIAL OFFICERS/DIRECTORS

Nena M. Myers, President/Director P.O. Box 2276 Land O'Lakes, FL 34639

Amy E. Hill, VP/Director P.O. Box 439 Land O'Lakes, FL 34639

Lori Schiffer, VP/Director 7622 DelPrado Court Land O'Lakes, FL 34639

# **ARTICLE VI - REGISTERED AGENT**

Nena M. Myers 12230 Citation Road, Spring Hill, FL 34610

# **ARTICLE VII - INCORPORATOR**

Nena M. Myers 12230 Citation Road, Spring Hill, FL 34610

*************	*************************************
Having been named as registered agent to accept service of process	
designated in this certificate, I am familiar with and accept the app	ointment as registered agent and agree to act in
this capacity.	
Hona Dh. 1 Lyen	10/14/2003
Signature/Registered Agent	Date