

PO9000051335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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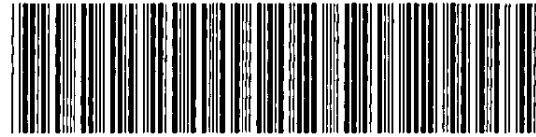
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/15/09--01002--011 **78.75

RECEIVED
09 JUN 12 PM 3:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 JUN 12 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UT

COVER LETTER

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

SUBJECT: Tallahassee Wiffleball Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Joshuah Sleeth
Name (Printed or typed)

2822 Old St Augustine Rd

Address

Tallahassee, FL 32301

City, State & Zip

850-385-0758

Daytime Telephone number

joshuah.sleeth@wachovia.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 607 and/or Chapter 621, F.S. (Profit)

FILED

09 JUN 12 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Tallahassee Wiffleball Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

309 Perkins Street Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide knowledge of wiffleball to the community.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Brent Pearson - President: 309 Perkins Street Tallahassee, FL 32301

Joshua Hough - Vice President: 309 Perkins Street Tallahassee, FL 32301

Joshuah Sleeth - Vice President: 2822 Old St Augustine Rd Tallahassee, FL 32301

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Joshuah Sleeth
2822 Old St Augustine Rd
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

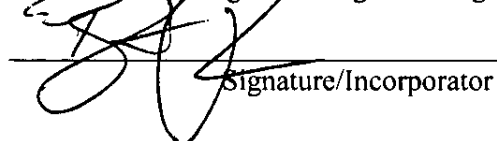
Brent Pearson
309 Perkins St. Tallahassee, FL 32301

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


Signature/Registered Agent

06/08/2009

Date


Signature/Incorporator

06/08/2009

Date