

P120000049672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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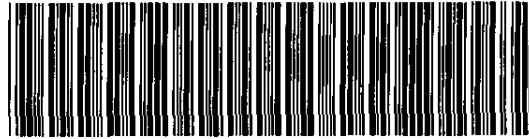
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 29 PM 12:29

5/30
J

COVER LETTER

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

SUBJECT: **Overtime Sports 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: **Renata Horan**

Name (Printed or typed)

335 SW Lost River Rd

Address

Stuart, FL 34997

City, State & Zip

772-913-5933

Daytime Telephone number

horanrenata@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



**Department of the Treasury
Internal Revenue Service
Ogden, UT 84201**

In reply refer to: 0458952079
May 23, 2012 LTR 147C
45-5335802

**OVERTIME SPORTS
335 SW LOST RIVER RD
STUART FL 34997**

Taxpayer Identification Number: 45-5335802

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of May 16th, 2012.

Your Employer Identification Number (EIN) is 45-5335802. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

**Ms. Carter
1000247268
Customer Service Representative**

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Overtime Sports Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
335 SW Lost River Rd
Stuart, FL 34997

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Consulting for Youth Sports

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Renata Horan - President
Address: 335 SW Lost River Rd
Stuart, FL 34997

Name and Title: Jamie Skyta Secretary
Address: 158 NW Heather St
Port Saint Lucie, FL 34983

Name and Title: Brent Ville - Vice President
Address: 1062 SE Albatross Avenue
Port Saint Lucie, FL 34983

Name and Title: _____
Address: _____

Name and Title: Genovaite Bickiene- Treasurer
Address: 335 SW Lost River Rd
Stuart, FL 34997

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Renata Horan
Address: 335 SW Lost River Rd
Stuart, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brent Ville
Address: 1062 SE Albatross Avenue
Port Saint Lucie, FL 34983

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

RS. Horan

Required Signature/Registered Agent

05-25-12

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Brent Ville

Required Signature/Incorporator

5-25-2012

Date

FILED
SECRETARY OF STATE
VICTOR H. ROBERTSON
12 MAY 29 PM 12:29