

P12000071668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

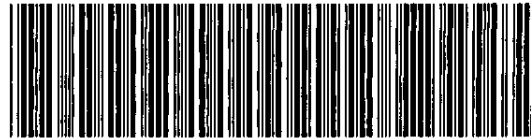
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300236222583

08/20/12--01002--010 **78.75

FILED

12 AUG 20 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
8/21/12

COVER LETTER

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

RECEIVED
12 AUG 16 PM 12: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Reeves 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: Matthew Alan Reeves

Name (Printed or typed)

8 Twin Oaks Place

Address

Pooler, GA 31322

City, State & Zip

904-563-7830

Daytime Telephone number

mreeves9@hotmail.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)

ARTICLE I NAME Reeves Sports Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
11495 S. Cleveland Ave
Ft. Myers FL 33907

FILED
12 AUG 20 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different from:
5800 Sabal Trace Dr
#901
North Port, FL 34287

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Corporation is formed for indoor baseball batting cages and academy to provide baseball instruction for the public.

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Matthew Alan Reeves President</u>	Name and Title: _____
Address: <u>8 Twin Oaks Place</u>	Address: _____
<u>Pooler, GA 31322</u>	_____
_____	_____

Name and Title: <u>Aimee Cole Vice President</u>	Name and Title: _____
Address: <u>14543 Gooseberry Dr</u>	Address: _____
<u>Fishers, IN 46038</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

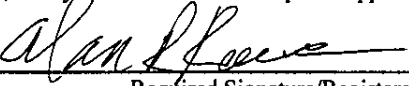
Name: Alan Reeves
Address: 5800 Sabal Trace Dr #901
North Port, FL 34287

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Matthew Alan Reeves
Address: 8 Twin Oaks Place
Pooler, GA 31322

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

 _____ Required Signature/Registered Agent	8/13/12 _____ 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.

 _____ Required Signature/Incorporator	8/13/12 _____ Date
---	--------------------------