

P/3000078268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

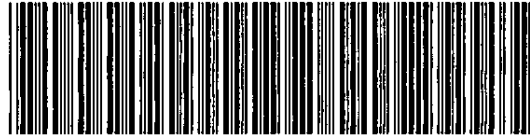
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 SEP 19 PM 2:49

1/H

COVER LETTER

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

SUBJECT: Keystone Baseball Academy, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Carol Anne Mattox

Name (Printed or typed)

493 SE 28th Way

Address

Melrose, Florida 32666

City, State & Zip

352-475-2318

Daytime Telephone number

jamattox@windstream.net

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)

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ARTICLE I NAME

The name of the corporation shall be: Keystone Baseball Academy, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

493 SE 28th Way

Melrose, Florida 32666

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation has been organized to teach
baseball skills to youth players. These players will attend camps and
compete in games and tournaments.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jesse Alan Mattox, President

Name and Title: Carol Anne Mattox, Vice President

Address 493 SE 28th Way

Address: 493 SE 28th Way

Melrose, Florida 32666

Melrose, Florida 32666

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(cont.)

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SECRETARY OF STATE
DIVISION OF CORPORATION

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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: Carol Anne Mattox
Address: 493 SE 28th Way
Melrose, Florida 32666

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carol Anne Mattox
Address: 493 SE 28th Way
Melrose, Florida 32666

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

Carol Anne Mattox
Required Signature/Registered Agent

09/17/2013

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.

Carol Anne Mattox
Required Signature/Incorporator

09/17/2013

Date