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COVER LETTER

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

SUBJECT: C & S Baseball, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SHANNON ROSIER

Name (Printed or typed)

PICK UP ONLY

Address

City, State & Zip

850-877-6362

Daytime Telephone number

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

The name of the corporation shall be: C & S BASEBALL, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2411 TEAL AVE

SARASOTA, FL 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BASEBALL DEVELOPMENT, EDUCATION, TRAINING

TEAMING, COMPETING AND ANY AND ALL LAWFUL BUSINESS ALLOWED UNDER FLORIDA STATE LAWS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLYDE METCALF, PRESIDENT

Name and Title: STEVE HASSETT, VICE PRESIDENT

Address 2411 TEAL AVE

Address: 8106 TIMBER LAKE LANE

SARASOTA, FL 32342

SARASOTA, FL 34243

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

10 JUN 13 PM 12:45
STATE OF FLORIDA

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: SHANNON ROSIER

Address: 1882 CAPITAL CIRCLE NE STE 102

TALLAHASSEE, FL 32308

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: SHANNON ROSIER

Address: PO BOX 16375

TALLAHASSEE, FL 32317

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Shannon Rosier
Required Signature/Registered Agent

1/13/2016
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.

Shannon Rosier
Required Signature/Incorporator

1/13/2016
Date

FILED
16 JAN 13 PM 12:45
DEPARTMENT OF STATE
TALLAHASSEE, FL 32304