

P18000038037

(Requestor's Name)

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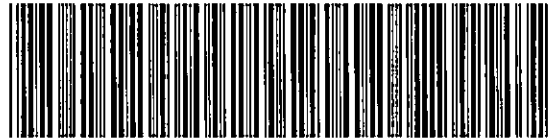
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APR 27 2018



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APR 24 2018
FILING OFFICE
TALLAHASSEE, FL 32301

18 APR 24 PM 3:41

COVER LETTER

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

SUBJECT: Phantom Softball 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: Miranda Morales
Name (Printed or typed)
19 Sapphire Rd
Address
Deatta Ocala FL 34472
City, State & Zip
352-680-0108
Daytime Telephone number
Mirandalea0017@aol.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

The name of the corporation shall be: Phantom Softball INC

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
19 Sapphire Rd. Ocala FL 34472

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of Phantom Softball Inc is to become a "Not For Profit" profit organization creating an opportunity for girls between the ages of 8 to 16 in Marion and surrounding counties to learn fastpitch Softball playing in Leagues and tournaments. Offering a safe and welcoming environment, providing leadership + guidance in learning team work, sportsmanship, training exercises, skills and all so much more.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Miranda Morales</u>	Name and Title:	<u>Director</u>
Address	<u>19 Sapphire Rd</u>	Address:	<u>SAME</u>
	<u>Ocala FL 34472</u>		

Name and Title:	<u>Robin Smart</u>	Name and Title:	<u>Secretary</u>
Address	<u>Po Box 831922</u>	Address:	<u>SAME</u>
	<u>Ocala FL 34483</u>		

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

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: Miranda Morales
Address: 19 Sapphire Rd
Ocala FL 34472

ARTICLE VII INCORPORATOR

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

Name: Miranda Morales
Address: 19 Sapphire Rd
Ocala FL 34472

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 days prior or 90 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

Miranda Morales
Required Signature/Registered Agent

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.

Miranda Morales
Required Signature/Incorporator

Date

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