

NI4000002188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

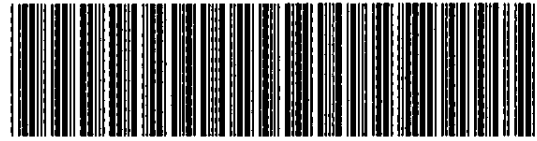
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700255284597

FILED  
14 MAR -5 AM 9:59  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

700255284597  
01/21/14--01036--017 \*\*87.50

1111-5934

MD 3/6

**COVER LETTER**

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

**SUBJECT: Port St. Joe Dixie Youth Baseball, Inc.**

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

**FROM: Robert Pickels**  
Name (Printed or typed)

**2112 Long Avenue**  
Address

**Port St. Joe, FL. 32456**  
City, State & Zip

**850-694-3758**  
Daytime Telephone number

**Bobby\_Pickels@yahoo.com**  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 29, 2014

ROBERT PICKELS  
2112 LONG AVENUE  
PORT ST. JOE, FL 32456

SUBJECT: PORT ST. JOE DIXIE YOUTH BASEBALL, INC.  
Ref. Number: W14000005934

We have received your document for PORT ST. JOE DIXIE YOUTH BASEBALL, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 114A00001944

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Port St. Joe Dixie Youth Baseball, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
Port St. Joe Dixie Youth Baseball, Inc.  
610 8th Street  
Port St. Joe, FL. 32456

Mailing address, if different is:  
Port St. Joe Dixie Youth Baseball, Inc.  
P.O Box 1101  
Port St. Joe, FL. 32457

14 MAR -5 AM 9:59  
RECORDED  
INDEXED  
FILED  
MAR 14 2009

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The exclusive purpose of this corporation shall be education.

It shall strive to train the minds, bodies, and spirits of the boys and girls of  
Port St. Joe, Florida for the purpose of developing their capabilities. It shall  
seek to promote that ultimate goal of a strong character, a right attitude, a sense of  
responsibility, and citizenship, using the game of baseball as a vehicle.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: The members  
of the corporation shall be elected by a majority vote of the supervisory members.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Pickels, Robert. Pres.  
Address: 2112 Long Avenue  
Port St. Joe, FL 32456

Name and Title: Player, Jeff. Vice Pres.  
Address: 106 Ocean Plantation Circle  
Mexico Beach, FL. 32456

Name and Title: Pickels, Carly. Director  
Address: 2112 Long Avenue  
Port St. Joe, FL. 32456

Name and Title: Buzzett, Brad. Director  
Address: 124 Cabell Drive  
Port St. Joe, FL. 32456

Name and Title: Taylor, Matthew. Secretary  
Address: 220 Kim Kove  
Mexico Beach, FL. 32456

Name and Title: Fidler, Josh. Director  
Address: 382 Ling Street  
Port St. Joe, FL. 32456

Name and Title: Cumbie, Tammy. Director

Address: 1309 McClelland Avenue  
Port St. Joe, FL. 32456

Name and Title: Dailey, Kayla. Treasurer

Address: 110 Sunset Circle  
Port St. Joe, FL. 32456

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Pickels, Robert  
Address: 2112 Long Avenue  
Port St. Joe, FL. 32456

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
14 MAR -5 AM 9:59

**ARTICLE VII INCORPORATOR**

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


Name: Taylor, Matthew  
Address: 220 Kim Kove  
Mexico Beach, FL. 32456

*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 of Registered Agent

3/2/2014  
Date

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

2/23/14  
Date