

N 23000013853

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

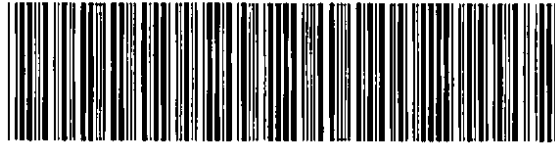
(Business Entity Name)

(Document Number)

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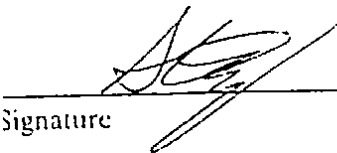

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

IE TAMPA BAY OPEN, INC.

Please Debit FCA000000003 For: 78.75

Thank you Seth Neeley


Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

171 Ponder & Printing • Tallahassee, FL 32301

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- ☒ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

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

SUBJECT: The Tampa Bay Open, 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: Peter J. Hobson, Esq.

Name (Printed or typed)

801 Ben Lomond Drive

Address

Tampa FL 33617

City, State & Zip

813-622-0000

Daytime Telephone number

peter@pjhobson.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: The Tampa Bay Open, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

801 Ben Lomond Drive

Tampa FL 33617

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To create, organize and execute an annual well respected golf tournament
for the benefit of the Greater Tampa Bay Community golfers and designated charities.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Board vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John D. McCabe, President

Address: 812 S. Lakeview Rd.
Tampa, FL 33609

Name and Title: Peter J. Hobson, Esq., Director

Address: 801 Ben Lomond Drive
Tampa FL 33617

Name and Title: John Harbison, Director

Address: 200 Inverness Ave.
Tampa FL 33617

Name and Title: Bernie Tobin, Director

Address: 15903 Wainwright Court
Tampa FL 33647

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

200
100
100

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: Peter J. Hobson, Esq.
Address: 801 Ben Lomond Drive
Tampa FL 33617

ARTICLE VII INCORPORATOR

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

Name: Peter J. Hobson, Esq.
Address: 801 Ben Lomond Drive
Tampa FL 33617

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

Required Signature of Registered Agent
11/14/2023
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
11/14/2023
Date