

# N0500003748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

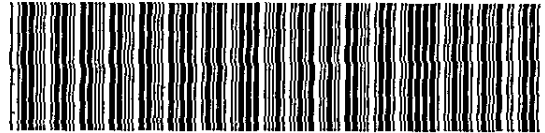
(Business Entity Name)

(Document Number)

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

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**FILED**  
05 APR -6 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/13/05  
BWL

**TRANSMITTAL LETTER**

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

**SUBJECT:** The All-Star Quilters Guild, 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:** The All-Star Quilters Guild, Inc.  
The Name (Printed or typed)

PO Box 23772

Address

Jacksonville FL 32241-3772

City, State & Zip

904-731-2229

Daytime Telephone number

**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 All-Star Quilters Guild, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

pO Box 23772  
Jacksonville, FL 32241-3772

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The All-Star Quilters Guild, Inc. is a non-profit organization dedicated to preserve the heritage of quilting and related arts for individuals of northeast Florida through charity, inspiration, information and education.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Election of officers by general membership ballot occurs annually during October general meeting.

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

List name(s), address(es) and specific title(s):

The Directors will be appointed in accordance with our bylaws.  
Kathleen A. Rutherford, 2452 Segovia Ave, Jacksonville FL 32217, Pres  
Sherry A. Verell, 9044 Latimer Rd W, Jacksonville FL 32257, Sec'y  
Elfriede Echt, 5347 Swaying Oaks Ct, Jacksonville FL 32258, Treas

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Elfriede Echt, 5347 Swaying Oaks Ct, Jacksonville FL 32258

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Kathleen A. Rutherford, 2452 Segovia Ave, Jacksonville FL 32217

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*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.*

Elfriede Echt  
Signature/Registered Agent

4-4-05  
Date

Kathleen A. Rutherford  
Signature/Incorporator

4-4-05  
Date