

N12000001081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

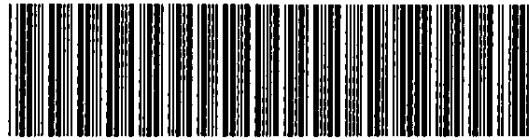
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 31 2012

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COVER LETTER

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

SUBJECT: RISE ACADEMY PTO MARGATE 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: Rise Academy PTO Margate Inc.
Name (Printed or typed)

6101 NW 31st street
Address

Margate, FL. 33063
City, State & Zip

(954)675-6239
City, State & Zip Telephone number

stephrocsmith@gmail.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 Rise Academy PTO Margate Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
6101 NW 31st street _____
Margate, FL 33063 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
This organization's is created to support the education of the children at Rise Academy Margate by fostering relationships among the school, parents, and teachers.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed
The directors are chosen by a majority vote of the membership members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Stephanie Rocourt-Smith (President) Name and Title: _____
Address: 831 NW 43rd ave Address: _____
Coconut Creek, FL 33066

Name and Title: Rachel Bachman (Vice-President) Name and Title: _____
Address: 9248 nw 14th ct Address: _____
Coral springs FL 33071

Name and Title: Althea Parchment (Treasurer) Name and Title: _____
Address: 9185 ramblewood dr apt 621 Address: _____
Coral spring FL 33071

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ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Stephanie Rocourt-Smith
Address: 831 NW 43rd ave
Coconut Creek, FL 33066

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Stephanie Rocourt-Smith
Address: 831 NW 43rd ave
Coconut Creek, FL 33066

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

Stephanie Rocourt-Smith
Required Signature of Registered Agent

1/26/2012
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.

Stephanie Rocourt-Smith
Required Signature of Incorporator

1/26/2012
Date