

N200000013409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

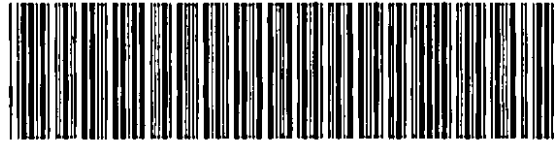
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/4/20*

COVER LETTER

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

SUBJECT: Society of Decorative Painters 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: Stephanie Pooler
Name (Printed or typed)

120 Beck Street
Address

Winter Haven FL 33884
City, State & Zip

207-877-4698
Daytime Telephone number

spooler143@gmail.com
E-mail address: (to be used for future annual report notification)

2007 OCT 30 PM 4:03

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: Society of Decorative Painters

ARTICLE II PRINCIPAL OFFICE

Principal street address: 120 Beck Street Mailing address, if different is: 120 Beck Street
Winter Haven, FL 33884 Winter Haven, FL 33884

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: share and educate the
art of painting

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

majority vote of membership

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Stephanie Pooler, President</u>	Name and Title:	<u>Barbara Fowler, Secretary</u>
Address:	<u>120 Beck Street</u> <u>Winter Haven, FL 33884</u>	Address:	<u>503 N. Polk Ave</u> <u>Lake Wales, FL 33853</u>

Name and Title:	<u>Pam House, 1st Vice President</u>	Name and Title:	<u>Debra Smith, Treasurer</u>
Address:	<u>224 Crane Lane</u> <u>Haines City FL 33844</u>	Address:	<u>2413 Franklin Dr</u> <u>Kissimmee, FL 34744</u>

Name and Title:	<u>Andrea Scott, 2nd Vice President</u>	Name and Title:	
Address:	<u>117 Patten Heights St</u> <u>Lakeland, FL 33803</u>	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: Debra Smith

Address: 2413 Franklin Dr
Kissimmee FL 34744

ARTICLE VII INCORPORATOR

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

Name: Stephanie Pooler

Address: 120 Beck St
Winter Haven FL 33884

OCT 30 PM 4:00

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

Debra A Smith
Required Signature of Registered Agent

10-27-2020
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 Pooler
Required Signature of Incorporator

11-28-2020
Date

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: Debra Smith
 Address: 2413 Franklin Dr
Kissimmee FL 34744

2020 OCT 30 PM 4:03
 STATE OF FLORIDA
 DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephanie Pooler
 Address: 120 Beck St
Winter Haven FL 33884

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.)

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Debra A Smith _____ 10-27-2020
 Required Signature of Registered Agent 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 Pooler _____ 11-28-2020
 Required Signature of Incorporator Date