# N00000001650

## TRANSMITTAL LETTER

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

School of Arts and Sciences Parents', Teachers', and SUBJECT: Students' Organization Inc.

(Proposed corporate name - must include suffix)

500003159995--7 -03/15/00--01001--001 \*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

FROM:

**3** \$78.75

Status

Filing Fee &

Certificate of

□\$78.75 Filing Fee **\$87.50** 

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

Will want

ARTHUR L. STERN, III

Name (Printed or typed)

1004 DeSoto Park Drive

Address

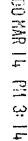
Tallahassee, FL 32301

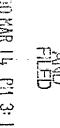
City, State & Zip

(850) 309-1400

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:

School of Arts and Sciences Parents', Teachers',

and Students' Organization Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

3208 Thomasville Road

Tallahassee, Florida 32312

# ARTICLE III PÚRPOSE

The purpose for which the corporation is organized is: to support the educational objectives of the School of Arts and Sciences Tallahassee, Florida

#### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: by the members as stated in the By-Laws of the corporation.

## ARTICLE V INITIAL DIRECTORS OFFICERS

The name and addresses:

"See Attached"

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

The name and Florida street address of the registered agent are:

Jacques DePart 771154 Seminole Drive Tallahassee, FL 32301

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Arthur L. Stern, III 1004 DeSoto Park Drive Tallahassee, FL 32301

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Signature/Incorporator

3/11/00

Date

Date

# SCHOOL OF ARTS AND SCIENCES PARENTS', TEACHERS' AND STUDENTS' ORGANIZATION DIRECTORS/OFFICERS

Director/President

Michelle Thomson

P.O. Box 15831

Tallahassee, FL 32317

Director/Secretary

Nell Owens

2713 Raintree Circle Tallahassee, FL 32308

Director/Treasurer

Jacques Depart

1154 Seminole Drive Tallahassee, FL 32301

Director

Rita Sockman

2314 Cumberland Drive Tallahassee, FL 32303

Director

Sheryl Kormondy

2288 Hampshire Way Tallahassee, FL 32308

Director

Joy Moore

1205 Sandhurst Drive Tallahassee, FL 32312

Director

Brenda Mills

9601 Miccosukee Rd, #11 Tallahassee, FL 32308