

NO3000003316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

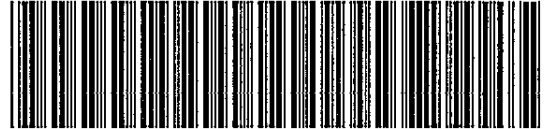
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Miss Baker County Scholarship Pageant, 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: Dr. Vincent D. Ferreira
Name (Printed or typed)

423 East Blvd. South
Address

Macclenny, Florida 32063
City, State & Zip

(904)259-2956
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:

Miss Baker County Scholarship Pageant, Inc.

ARTICLE II PRINCIPAL OFFICE

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

423 East Blvd. South, Macclenny, Florida, 32063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide College Scholarships for Pageant Participants.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

appointed by Dr. Vincent D. Ferreira or Dr. Sydney F. Ferreira

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

Dr. Vincent D. Ferreira, 423 East Blvd. South, Macclenny, Fl. 32063, Executive Director
Dr. Sydney F. Ferreira, 423 East Blvd. South, Macclenny, Fl. 32063, CoExecutive Director /
Mrs. Mary Brittain Zerbest, 10450 Greenmore Rd. Jacksonville, Fl. 32246, Secretary

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dr. Vincent D. Ferreira, 423 East Blvd. South, Macclenny, Fl. 32063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Sydney F. Ferreira, 423 East Blvd. South, Macclenny, Fl. 32063

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.

Dr. Vincent D. Ferreira
Signature/Registered Agent

4-10-2003
Date

Dr. Sydney F. Ferreira
Signature/Incorporator
Dr. Vincent D. Ferreira

4-10-2003 (12)
Date
4-10-2003

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA