

NO5000009928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

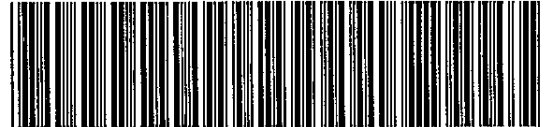
(Document Number)

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

Special Instructions to Filing Officer:

*Michele Khatmor*  
**SAVE**  
**AUTHORIZATION BY PHONE TO**  
**CORRECT** *Articles III + VII*  
**DATE** *9/27/05*  
**DOC. EXAM** *MRP*

Office Use Only



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09/23/05--01048--010 \*\*78.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 SEP 23 AM 11:35

*MRP*  
*9/27*

## COVER LETTER

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

SUBJECT: Fienberg-Fisher Social Club 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: Fienberg-Fisher Elementary School  
Name (Printed or typed)

1420 Washington Ave  
Address

Miami Beach, FL 33139  
City, State & Zip

305- 531-0419  
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)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

*Fienberg - Fisher Social Club Inc.*

05 SEP 23 AM 11:35

**ARTICLE II PRINCIPAL OFFICE**

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

*Fienberg - Fisher Elementary School  
1420 Washington Ave.  
Miami Beach, FL. 33139*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To promote faculty and staff activities, improve overall mora.  
and organize events.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*Directors are nominated and voted on by faculty and  
Staff.*

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

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

*Michele Khatmor : Chairperson  
Kathy Murrell : Treasurer  
Kathleen Cuttie : Secretary  
Patricia Bentacourt : Special Events Coordinator  
Ray Polanco : Communications Specialist*

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

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

*Michele Khatmor  
1420 Washington Ave.  
Miami Beach, FL. 33139*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Kathryn Murrell  
1420 Washington Ave.  
Miami Beach, FL. 33139*

\*\*\*\*\*

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.

*M. Khatmor*  
\_\_\_\_\_  
Signature/Registered Agent *Michele Khatmor*

*Sept. 19, 2005*  
\_\_\_\_\_  
Date

*Kathy Murrell*  
\_\_\_\_\_  
Signature/Incorporator *Kathryn Murrell*

*9/19/05*  
\_\_\_\_\_  
Date