

NO6000010281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

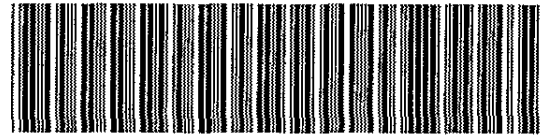
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: FLORIDA LEAGUE OF MIDDLE SCHOOLS
(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: Shirley N. Fox
Name (Printed or typed)

10211 Crescent Lane
Address

Clermont, FL 34711
City, State & Zip

352-241-9541
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:

FLORIDA LEAGUE OF MIDDLE SCHOOLS, INC.

ARTICLE II PRINCIPAL OFFICE

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

10811 CRESCENT LANE
CLERMONT, FLORIDA 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SUPPORT MIDDLE LEVEL PROFESSIONALS IN THE
STATE OF FLORIDA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

DIRECTORS AND OFFICERS ARE APPOINTED BY THE BOARD &
SERVE AT THE PLEASURE OF THE BOARD

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

EXECUTIVE DIRECTOR/CHAIRPERSON - CHET SANDERS 7725 So West 36 Ave.
TREASURER - SHIRLEY FOX 10811 CRESCENT LANE CLERMONT, FL 34711 GAINSVILLE, FL 32608
SECRETARY - LAURA HINDS 208 L 16th St. St. Augustine, FL 32080

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SHIRLEY FOX
10811 CRESCENT LANE
CLERMONT, FLORIDA 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHET SANDERS
7725 So. West 36 Ave.
GAINSVILLE, FL 32608

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.

Signature/Registered Agent

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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