

NO7000008542

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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: ARBOR RIDGE PTSA, 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:

SHARLENE PRINCE-PHILLIP  
Name (Printed or typed)

2900 Logandale Drive  
Address

Orlando, FL 32817  
City, State & Zip

(407) 677-6400 - (407) 672-3110  
Daytime Telephone number ext 2315

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

*ARBOR RIDGE PTSA, INC.*

**ARTICLE II PRINCIPAL OFFICE**

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

*2900 Logandale Drive Orlando, FL 32817*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*BE Advocates for our children at the Arbor Ridge K-8 School. To raise funds to benefit our children and school.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*Nominated by the Executive Board (Nominating Committee)*

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

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

- |   |  |
|---|--|
| <i>1. Sharlene Prince-Phillip - President</i> | <i>4. Paige Tracy 3rd Vice President</i> |
| <i>2. Marlene Miller - 1st Vice President</i> | <i>5. Martha Albert Treasurer</i>        |
| <i>3. Angel Coleman - 2nd Vice President</i>  | <i>6. Romi Taylor Secretary</i>          |
|   | <i>7. Jan Howard - Officer</i>           |

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

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

*Sharlene Prince Phillip  
5355 Goldenwood Drive  
Orlando, FL 32817*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Martha Albert  
9520 Chardonnay Drive  
Orlando, FL 32802*

\*\*\*\*\*  
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]*  
\_\_\_\_\_  
Signature/Registered Agent

*8/10/07*  
\_\_\_\_\_  
Date

*Martha Albert*  
\_\_\_\_\_  
Signature/Incorporator

*8/10/07*  
\_\_\_\_\_  
Date