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(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	÷#)			
PICK-UP	WAIT	MAIL MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
,					



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OO MAY -4 PH 1: 04
SEUNDIANSEE, FLORID

Office Use Only

EP 5/6/09

COVER LETTER

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

SUBJECT:	Three Oaks Middle School PTO, Inc.				
Enclosed is an original s	(PROPOSED CORPORATE				
\$70.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM: Julie Hall Name (Printed or typed) 17310 Caloosa Trace Circle Address					
	Fort Myers, FL 33967 City, State & Zip				
	239-707-8354 Daytime Telephone number				
jrhall59@2mbarqmail.com					

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

	-		
ARTICLE I NAME			
The name of the corporation:			
Three Oaks Middle Sch	ool PTO, Inc.		FU 6 -
	_		FE 3
ARTICLE II PRINCIPA		o . •	EL TOP
The principal street address	-	terent is:	SO THE STATE OF TH
18500 Three Oaks Park	kway		
Fort Myers, FL 33912			
ARTICLE III PURPOS	<u>E</u>		OS MAY -4 PH 4: OH
The purpose for which the co	rporation is organized is:		
	School PTO is organize	<u> </u>	
		raise the funds needed	to support the educational
programs at Three Oak	s Middle School.		
ARTICLE IV MANNER	OF ELECTION		
The manner in which the dire			
			ors shall be elected at the
annual meeting of the E	Board of Directors by a v	ote of the majority of the	e entire Board.
ARTICLE V INITIAL I	DIRECTORS AND/OR O	FFICERS	
List name(s), address(es) and	specific title(s):		
Mary Larkin	Pam Bestrom	Sherri Obrochta	Julie Hall
	Vice President		Treasurer
			17310 Caloosa Trace Cir.
Fort Myers, FL 33967	Fort Myers, FL 33967	Fort Myers, FL 33967	Fort Myers, FL 33967
			_
W-L	REGISTERED AGENT		
The name and Florida stree	et address (P.O. Box NOT a	cceptable) of the registered a	igent is:
Julie Hall	Nianta.		
17310 Caloosa Trace C	Sircie		
Fort Myers, FL 33967			
ARTICLE VII INCORP	•		
The <u>name and address</u> of th	e Incorporator is:		
Julie Hall	Ninala.		
17310 Caloosa Trace C	SILCI O		
Fort Myers, FL 33967	********	********	*****
laving been named as registered (agent to accept service of proce	ess for the above stated corpora	tion at the place designated
this certificate, I am familiar wi	th and accept the appointment	as registered agent and agree	to act in this capacity.
11: 1/0/			6/10.
ignsture/Registered Agent			3/1/2009
ighature/Registered Agent		Date	<u>5/i/2009</u> <u>5/i/2009</u> e
1 1- 1/00			-/ la a
Julie Half	······································		5/i/2009
ignature/Incorporator		Dat	e ′′

Signature/Incorporator