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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

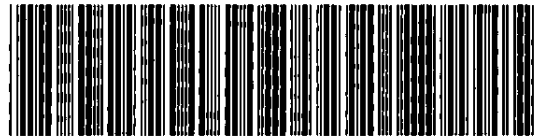
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. McKnight JUL 14 2009

COVER LETTER

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

SUBJECT: NARCOOSSEE MIDDLE SCHOOL ACADEMIC BOOSTER 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: Stephanie Hicks
Name (Printed or typed)

5290 Mill Stream Dr.
Address

St. Cloud, FL 34771
City, State & Zip

407-498-3145
Daytime Telephone number

shicksbcah@msn.com
E-mail address: (to be used for future annual report notification)

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: **NARCOOSSEE MIDDLE SCHOOL
ACADEMIC BOOSTER CLUB, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
2700 N. NARCOOSSEE ROAD ST. CLOUD, FL 34771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **TO AID THE STUDENTS OF NARCOOSSEE MIDDLE SCHOOL BY PROVIDING SUPPORT FOR THEIR EDUCATIONAL AND RECREATIONAL NEEDS; TO PROMOTE OPEN COMMUNICATION BETWEEN THE ADMINISTRATION, TEACHERS AND PARENTS; AND TO FOSTER THE ONGOING INVOLVEMENT OF PARENTS, TEACHERS AND OTHER MEMBERS OF THE NARCOOSSEE COMM. IN THE MIDDLE SCHOOL EXPERIENCE OF STUDENTS.**

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
BY A MAJORITY (51%) OF NOTES CASTED BY THE VOTING MEMBERS AT MONTHLY MEETINGS.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

LISA LIU - PRESIDENT	SHERI LEONARD - VICE PRESIDENT	STEPHANIE HICKS
1230 OAKSHORE DRIVE	2161 SPRING LAKE CIRCLE	TREASURER
ST. CLOUD, FL 34771	ST. CLOUD, FL 34771	5290 MILLSTREAM DR
		ST. CLOUD, FL 34771

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**STEPHANIE HICKS
5290 MILLSTREAM DR
ST. CLOUD, FL 34771**

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**STEPHANIE HICKS
5290 MILLSTREAM DR
ST. CLOUD, FL 34771**

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.

Stephanie Hicks - Treasurer
Signature/Registered Agent

7-10-09
Date

Stephanie Hicks - Treasurer
Signature/Incorporator

7-10-09
Date