

N10000003852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

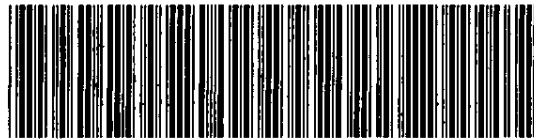
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100175911721

04/16/10--01008--023 **78.75

FILED

2010 APR 16 P 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 19 2010
D.A. WHITE

COVER LETTER

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

SUBJECT: Sampaguita Association, 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: Lorelie Quillen
Name (Printed or typed)

9145 Sunshine Dr.
Address

Youngstown, Fl. 32466
City, State & Zip

850-722-9673
Daytime Telephone number

lorelie.quillen@gmail.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:

Sampaguita Association, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

*9145 Sunshine Dr.
Youngstown, Fl. 32466*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*To promote awareness of the Filipino-Americans
contribution to social + economic, cultural + political
life in the U.S. Charitable, non-sectarian, non-profit
non political, non stock + civic org*

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Elected

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

1. *Lorelie Quillen*
Pres.
9145 Sunshine Dr.
Youngstown, Fl.
32466

2. *Derek Ababa*
Vice-Pres.
1606 Calhoun Ave.
Panama City, Fl.
32402

3. *Chiqui Corridon*
Secretary
3469 Cherry Ridge
Lynn Haven, Fl.
32444

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lorelie Quillen
9145 Sunshine Dr.
Youngstown Fl. 32466

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lorelie Quillen
9145 Sunshine Dr.
Youngstown Fl. 32466

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.

Lorelie Quillen

Signature/Registered Agent

4/15/10

Date

Lorelie Quillen

Signature/Incorporator

4/15/10

Date

FILED

2010 APR 16 P 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA