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09/17/10--01024--005 **78.75

(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

10 OCT - 7 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

PS 10/8/10
LOT-44677



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2010

COLLEEN ABAD
7421 SW 19TH ST
PLANTATION, FL 33317

SUBJECT: SOUTH PLANTATION HIGH SCHOOL SWIM AND DIVE TEAM
BOOSTER CLUB, INC.
Ref. Number: W10000044677

We have received your document for SOUTH PLANTATION HIGH SCHOOL SWIM AND DIVE TEAM BOOSTER CLUB, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation of a nonprofit corporation must be prepared in compliance with section 617.0202, Florida Statutes. Please refer to that section of the law for assistance.

We are enclosing the proper form(s) with instructions for your convenience.

Bylaws are not filed with this office. Please retain them for your records.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 510A00022702

COVER LETTER

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

RECEIVED
10 OCT -7 AM 11:21
DIVISION OF CORPORATIONS

SUBJECT: South Plantation High School Swim/Dive Team 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: Colleen Abad
Name (Printed or typed)

7421 SW 19th Street
Address

Plantation, Florida 33317
City, State & Zip

954-471-7534
~~1200 P. O. Box 6327~~ Telephone number

ecuabad1@hotmail.com
E-mail address: (to be used for future annual report notification)

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

fee paid already
letter number 510A00022702

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

ARTICLE I NAME

The name of the corporation shall be:

South Plantation High School Swim/Dive Team Booster Club, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1300 Paladin Way
Plantation, Florida 33317

Mailing address, if different is:
7421 SW 19th Street
Plantation, Florida 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Develop and sponsor activities for SPHSSDBC, fund-raising to defray student costs.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

nominated and elected by the parents of the swimmers/divers, annually

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Colleen Abad, President
Address: 7421 Sw 19th Street
Plantation, Florida 33317

Name and Title: Nobuko Amoah, Vice President
Address: 11260 W. Sunrise Blvd.
Plantation FL 33323

Name and Title: Pamela Morales, Secretary
Address: 455 S Pine Island Rd. #308
Plantation, Fl
33324

Name and Title: Cindy McMurtrey, Treasurer
Address: 3864 NW 77 Avenue, Sunrise, FL 33351

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Colleen Abad
Address: 7421 SW 19th Street
Plantation, Fl 33317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Colleen Abad
Address: 7421 SW 19th Street
Plantation, Fl 33317

SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

10 OCT -7 PM 4:04

FILED

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

Colleen Abad
Required Signature of Registered Agent

10-5-10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Colleen Abad
Required Signature of Incorporator

10-5-10
Date