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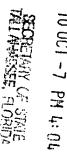
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

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 II: 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 Ar	ticles of Incorporation an	d 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 C	ADDITIONAL COPY REQUIRED	

EDO: (	Colleen Abad				
FROM:	Name (Printed or typed)				
	7421 SW 19th Street				
	Address				
	Plantation, Florida 33317				
	City, State & Zip				
	954-471-7534				
	1300 Pul Day Way Telephone number				
	ecuabad1@hotmail.com				

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

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

for paid selvady Jetter number 510A00022702

## ARTICLES OF INCORPORATION

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

The name of the co	orporation shall be:	iigh School Swiii	TIPDIVE TEATH BOOSTEI CIUD, IIIC.
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	1300 Paladin Way Plantation, Florida 33317		7421 SW 19th Street Plantation, Florida 33317
ARTICLE III	PURPOSE		
The purpose for w	hich the corporation is organized is:		
Develop and	sponsor activities for SPHSSDBC	C, fund-raising to	defray student costs.
	•		
ARTICLE IV	MANNER OF ELECTION The mann	ner in which the direct	ors are elected and appointed:
nominated ar	nd elected by the parents of the sv	wimmers/divers,	annually
ARTICLE V	INITIAL OFFICERS AND/OR DIRE		
			le:Nobuko Amoah, Vice President
Address:	7421 Sw 19th Street	Address:	11260 W. Sunrise Blvd.
	Plantation , Florida 33317		Plantation FL 33323
Name and Ti	itle:Pamela Morales, Secretary	Name and Tit	tle: Cindy McMurtrey, Treasurer
Address:	455 S Pine Island Rd, #308	Address:	
	Plantation, Fl 33324		3864 NW 77 Avenue, Sunrise, FL 33351
Name and Ti	itle.	Name and Tit	ile:
Address:			
4 D#101 D 171			
	REGISTERED AGENT rida street address (P.O. Box NOT acceptab	ale) of the registered as	vent is:
Name:	Colleen Abad		
Address:	7421 SW 19th Street		10 OCT -
	Plantation, Fl 33317		
		<del></del>	
ARTICLE VII	INCORPORATOR		
	lress of the Incorporator is:		
Name:	Colleen Abad		ORIO STATE 0 :+1
Address:	7421 SW 19th Street		ਰੋਜ਼ੀ □
	Plantation,FI 33317		15 £
Havina hoon nam	ed as realistered agent to account service of	nracess for the above	stated corporation at the place designated in this
certificate, I am fai	miliar with and accept the appointment as re	gistered agent and agi	ree to act in this capacity
(Della	MUMM		10-5-10
	Required Signature of Registered Ag	ent	Date
I submit this docur	ment and affirm that the facts stated herein of Syste Constitutes or third degree felony as p	are true. I am aware :	that any false information submitted in a document
wate Department	y snije songijuues ji guru uegree jejony us p	i oviucu joi ui s.01/.1.	oug Eran
	"		10-5-10
	Required Signature of Incorpor	ator	Date