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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

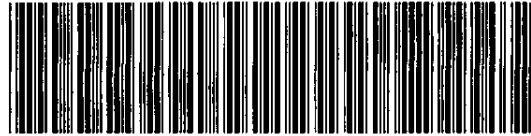
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
10/20

COVER LETTER

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

SUBJECT: The Wordmeister Society, 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: W. McKinley Smiley Jr

Name (Printed or typed)

4905 34th St. S., Ste 113

Address

St. Petersburg, FL 33711

City, State & Zip

727-866-8746

4905 34th St. S., Ste 113 Telephone number

wsmileyj@tampabay.rr.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 Wordmeister Society, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
4905 34th St. S., Ste. 113
St. Petersburg, FL 33711

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

the development and preservation of skills associated with the most effective methods of
communicative speech.

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

As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: W. McKinley Smiley, Jr. - P/S/T
Address: 4505 34th St. S., Ste. 113
St. Petersburg, FL 33711

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Keyla Alba
Address: 4905 34th St. S., Ste. 113
St. Petersburg, FL 33711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: W. McKinley Smiley, Jr.
Address: 4905 34th St. S., Ste. 113
St. Petersburg, FL 33711

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

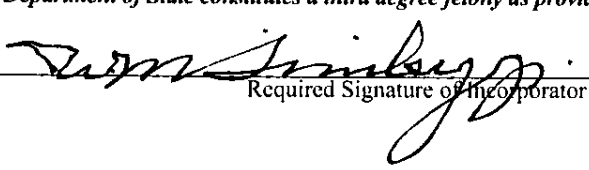


Required Signature of Registered Agent

10-14-10

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.



Required Signature of Incorporator

10-14-10

Date

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10 OCT 16 PM 4:37
SECRETARY OF STATE
FLORIDA