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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I. Bureh NOV 8 2010

COVER LETTER

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

SUBJECT: Alliance of Women Coaches, 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: Celia M. Slater

Name (Printed or typed)

1660 Quail Dr.

Address

Dunedin, FL 34698

City, State & Zip

727-517-6764

1660 Quail Dr. Daytime Telephone number

celia@coachesacademy.org

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 Alliance of Women Coaches, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1660 Quail Dr.
Dunedin, FL 34698

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide educational opportunities for women athletic coaches to aid in their professional development and career advancement.

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

Directors are appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Celia M. Slater, Director
Address: 1660 Quail Dr.
Dunedin, FL 34698

Name and Title: _____
Address: _____

Name and Title: Judith Sweet, Director
Address: 3201 Cadden Ct.
San Diego, CA 92117

Name and Title: _____
Address: _____

Name and Title: Mary Ann Salerno, Director
Address: 4 Ridge Rd.
Louisville, KY 40205

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: Celia Slater
Address: 1660 Quail Dr.
Dunedin, FL 34698

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Celia Slater
Address: 1660 Quail Dr.
Dunedin, FL 34698

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

Celia M. Slater

Required Signature of Registered Agent

11/1/10

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.

Celia M. Slater

Required Signature of Incorporator

11/1/10

Date

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TALLAHASSEE, FLORIDA