

N10000011080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

11-24-10

Special Instructions to Filing Officer:

Office Use Only



900187947369

900187947369  
11/24/10--01029--001 \*\*78.75

FILED  
2010 NOV 24 PM 1:44  
TALLAHASSEE, FLORIDA

J. Stivers NOV 30 2010

## COVER LETTER

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

SUBJECT: CLA PTO, 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: MONICA NICHOLS  
Name (Printed or typed)

150 SEMINOLE LAKES DRIVE  
Address

ROYAL PALM BEACH, FL 33411  
City, State & Zip

561-784-0613  
16569 SO. HERNANDO DR.  
DAVENPORT, FL 33427  
Telephone number

DM\_NICHOLS@COMCAST.NET  
E-mail address: (to be used for future annual report notification)

2010 NOV 24 PM 1:44  
STATE ARCHIVE  
TALLAHASSEE, FLORIDA

FILED

**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** CLA PTO, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
16569 SOUTHERN BLVD.  
LOXAHATCHEE, FL 33470

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE SERVICES AND FUNDRAISING EVENTS FOR THE PARENTS, TEACHERS, AND STUDENTS OF CHRISTIAN LIFE ACADEMY. ANY AND ALL PROCEEDS WILL BENEFIT THE TEACHERS AND STUDENTS OF THE SCHOOL.

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

**ELECTION**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: BOBBI JO SMITH - PRESIDENT  
Address: 3138 A ROAD  
LOXAHATCHEE, FL 33414

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: MONICA NICHOLS - VP  
Address: 150 SEMINOLE LAKES DRIVE  
ROYAL PALM BEACH, FL 33411

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: CATHLEEN TERWILLIGER - SECRETARY  
Address: 18386 91ST PLACE NORTH  
LOXAHATCHEE, FL 33470

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: MONICA NICHOLS  
Address: 150 SEMINOLE LAKES DRIVE  
ROYAL PALM BEACH, FL 33411

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MONICA NICHOLS  
Address: 150 SEMINOLE LAKES DRIVE  
ROYAL PALM BEACH, FL 33411

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

Mon Nichols

Required Signature of Registered Agent

11/22/10

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.

Mon Nichols

Required Signature of Incorporator

11/22/10

Date

FILED  
2010 NOV 24 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA