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(Requestor's Name)				
(Ac	idress)			
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(//	iuress)			
(Cit	ty/State/Zip/Phone i	(f)		
(C)	-y,	••		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	Certificates of	of Status		
Special Instructions to Filing Officer:				
Office Use Only				
Since Ose Only				



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12/10/10--01007--004 **78.75

SA OR HAVY OF STATE

T. Buren DEG 1.3:2010

COVER LETTER

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

SUBJECT: Venic	e Taxpayers, Inc.				
	(PROPOSED CORPORATI	E NAME – <u>MUST INCLU</u>	DE SUFFIX)		
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee &	\$78.75 Filing Fee	\$87.50 Filing Fee,		
	Certificate of	& Certified Copy	Certified Copy		
	Status		& Certificate		
		ADDITIONAL CO	OPY REQUIRED		
FROM:	Alice M. Hicks	nted or typed)	_		
	_				
448 Baynard Dr.					
	Au	idress			
Venice, FL 34285					
City, State & Zip					
	(941) 485-3294				
	coa. Ali Hierytime Tel	ephone number	_		
alihicks61@gmail.com					

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

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

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

ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	coa. Ali Hicks		
	448 Baynard Dr.	<u> </u>	
	Venice, FL 34285		
RTICLE III	PURPOSE		
e purpose for wh	nich the corporation is organized is:		
he Venice Ta	axpavers is a voluntary organization	of concerned	citizens dedicated to monitoring the
			the general public and preserving th
	n Venice and the surrounding comn		mo gomeran passio and processing an
RTICLE IV	MANNER OF ELECTION The manner i		er are elected and appointed:
		n which the director	s are elected and appointed:
	neral membership.		
RTICLE V			Ford Ownersh DID
Name and 111 Address:	Ile: Michael J. Gelormino - President		e: Earl Quandt - DIR 218 Rio Terra
Address:	1934 Maple Road Venice, FL 34293	Address:	Venice, FL 34285
	Venice, FL 34293	_	Venice, FL 34265
Name and Tit	le:John Patten - VP	Name and Title	e: Thadeus Koszarski - DIR
Address:	1258 Barbara Dr. #207		1229 Lucaya Ave.
riddiess.	Venice, FL 34285	Address.	Venice, FL 34285
	V011100, 1 E 04200		VG/1100, 1 E 04200
Name and Tit	le: Ali Hicks - Treasurer	Name and Title	e·
Address:	448 Baynard Dr.	Address:	<u> </u>
	Venice, FL 34285		\$100 pm
		_	
RTICLE VI	REGISTERED AGENT		230
	ida street address (P.O. Box NOT acceptable)	of the registered age	ent is:
Name:	Michael Gelormino	0 0	<i>6</i> € 5 1
Address:	1934 Maple Road		Tage 1
	Venice, FL 34293	<u> </u>	I I
	WGG PROPAGOR		※
RTICLE VII	INCORPORATOR		<u> </u>
	ress of the Incorporator is:		
Name:	Michael Gelormino		
Address:	1934 Maple Road		
	Venice, FL 34293		
			
	d as engisteed agant to account comics of men		stated corporation at the place designated in
		and the second of the second o	e to act in this capacity?
	a as registered agent to accept service of prob villar with and accept the appointment as registe	erea agent and agre	
	niliar with and accept the appointment as registe	erea agent and agre	
	nillar with and accept the appointment as registed	erea agent and agre	12/6/2010
	niliar with and accept the appointment as registe	erea agent and agre 	12/6/2010 Date
rificate, I am fan Maka L	niliar with and accept the appointment as registed the Required Signature of Registered Agent		Date
ntificate, I am fan Maka Unit this docum	Required Signature of Registered Agent ment and affirm that the facts stated herein are	true. I am aware th	Date hat any false information submitted in a docun
tificate, I am fan Maka U ubmit this docun	niliar with and accept the appointment as registed the Required Signature of Registered Agent	true. I am aware th	Date hat any false information submitted in a docun
tificate, I am fan Maka U ubmit this docun	Required Signature of Registered Agent ment and affirm that the facts stated herein are	true. I am aware th	Date hat any false information submitted in a docun