

NI1000002019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100195524611

02/22/11--01059--004 **78.75

FILED
11 FEB 22 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 3/1

COVER LETTER

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

SUBJECT: Florida Tea Party Convention, 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: Michael Glantz

Name (Printed or typed)

4191 Capland Ave.

Address

Clermont Fl. 34711

City, State & Zip

17600 SE 20th Ave, Tallahassee, FL 32310
Telephone number

mglantz@cfl.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 name of the corporation shall be: Florida Tea Party Convention, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
17600 SE 82nd Annadale Terr.
The Villages
FL 32162

Mailing address, if different is _____

FILED
11 FEB 22 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To bring together groups of grass roots Americans to educate and inform them by making available information, speakers, programs and literature.

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

By consent of the Board of Directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pamela R Dahl Pres.
Address: 17600 SE 82nd Annadale Terr.
The Villages
FL 32162

Name and Title: Patrica Sullivan Vice Pres.
Address: 901 Haselton St.
Eustis
FL 32726

Name and Title: Michael Glantz
Address: 4191 Capland Ave.
Clermont
FL 34711

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: Michael Glantz
Address: 4191 Capland Ave.
Clermont
FL 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Glantz
Address: 4191 Capland Ave.
Clermont
FL 34711

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

Michael Glantz
Required Signature of Registered Agent

2/17/2011
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.

Michael Glantz
Required Signature of Incorporator

2/17/2011
Date