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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

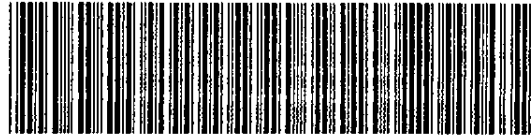
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: FRIENDS OF THE GULF BEACHES LIBRARY, 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: MARILYN HAFLING
Name (Printed or typed)

200 Municipal Drive
Address

Madeira Beach, FL 33708
City, State & Zip

727-391-2828
Daytime Telephone number

mcinella@gulfbeacheslibrary.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

The name of the corporation shall be: Friends of the Gulf Beaches Public Library, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

200 Municiple Drive
Maadeira Beach, FL 33708

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To promote the welfare of The Gulf Beaches Library

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

Yearly election by majority of members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Don McGarigle, President Name and Title: _____

Address: _____ Address: _____

200 Municiple Drive
Maadeira Beach, FL 33708

Name and Title: Denise Adis, Treasurer Name and Title: _____

Address: _____ Address: _____

200 Municiple Drive
Maadeira Beach, FL 33708

Name and Title: Marilyn Hafling, Secretary Name and Title: _____

Address: _____ Address: _____

200 Municiple Drive
Maadeira Beach, FL 33708

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Marilyn Hafling

Address: 200 Municiple Drive
Maadeira Beach, FL 33708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marilyn Hafling

Address: 200 Municiple Drive
Maadeira Beach, FL 33708

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

Marilyn Hafling
Required Signature of Registered Agent

MARILYN HAFLING

3/14/11
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.

Marilyn Hafling
Required Signature of Incorporator

MARILYN HAFLING

3/14/11
Date

11 MAR 17 PM 2:15
SECRETARY OF STATE
FLORIDA