N11000004115

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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Document Number)				
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DECIMENARY OF STATE
ALLAMASSES, FLORIDA

L 04/25/11

W11-19172



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 5, 2011

TINA WOODE 820 WELLSFORD WAY LAKE MARY, FL 32746

SUBJECT: SANFORD/LAKE MARY 9.12 PROJECT, INC.

Ref. Number: W11000019172

We have received your document for SANFORD/LAKE MARY 9.12 PROJECT, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees: \$35.00
Registered Agent
Designation \$35.00
Certified Copy \$8.75
Certificate of Status \$8.75

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 511A00008245

COVER LETTER

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

SUBJECT: Sanford/Lake Mary 9.12 Project, Inc.						
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)						
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 CO	OPY REQUIRED			
	·					
FROM: Tina Woode Name (Printed or typed)						
820 Wells ford Way						
Lake Mary FL 32746 City, State & Zip						

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

BENC CSE-COLINE. COM
E-mail address: (to be used for future annual report notification)



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

ARTICLE I The name of the co	NAME Sanford/Lake Mary 9.12 prporation shall be:	Project, Inc.			
ARTICLE II	PRINCIPAL OFFICE				
Principal street address			Mailing address	, if different is:	
	820 Wellsford Way Lake Mary, FL 32746				
	Lake Mary, FL 32746				
ARTICLE III	PURPOSE				
The purpose for w	which the corporation is organized is:				
Provide educ	ation to the community on the constitu	tion, U.S. His	story, current events	s and legislation	
through meet	tings, events and community service.				
ARTICLE IV	MANNER OF ELECTION The manner in v				
Vacancies wi	ill be filled by appointment by the curre	nt/remaining	directors QS Sta	ted in the bylau	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u>28</u>			
	itle: Tina Woode, Director Chairman	Name and Title	<u>: Jeffrey Payne, Secre</u> 907 Gazell Trail	tary	
Address:	820 Wellsford Way Lake Mary, FL 32746	Address:	Winter Springs, FL 3	2708	
			THILLO OPINGO, I LO		
Name and T	Vice Chairman itle: Patti Green, Assistant Director	Name and Title	3:		
Address:	350 Woldunn Circle	Address:		- 	
	Lake Mary, FL 32746				
Name and T	itle: Dana Pittman, Treasurer	Nome and Title			
Address:	209 San Carlos Ave, #111		·		
radios.	Sanford, FL 32771				
		•			
ARTICLE VI	REGISTERED AGENT			71.	
The name and Flo Name:	orida street address (P.O. Box NOT acceptable) of Ben Pittman	tne registered age	nt is:		
Address:	209 San Carlos Ave. #111	•		>	
11441055.	Sanford, FL 32771	•		ET N	
		•		\$2 K	
ARTICLE VII	INCORPORATOR			MA B FE	
	dress of the Incorporator is:				
Name:	Tina Woode			97 7	
Address:	820 Wellsford Way	•		3 3	
	Lake Mary, FL 32746			13	
Having been nan	ned as registered agent to accept service of proces	s for the above	stated corporation at the	place designated in this	
certificate, I am fa	miliar with and occept the appointment as registere	ed agent and agre	e to act in this capacity		
10			april	1,2011	
BEN PIT	TMAN Required Signature of Registered Agent		7	Date	
I submit this docu	ment and affirm that the facts stated herein are tru of State constitutes a third degree felony as provide			submitted in a document	
Lina	Donde.		Ani	11,2011	
Tina WO	Required Signature of Incorporator		- Coper Sta	Date	