

N11000004572

(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



600207303416

600207303416  
05/09/11--01061--008 \*\*87.50

FILED  
11 MAY -9 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRD  
5/10

## COVER LETTER

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

**SUBJECT:** Friends of South Regional-Broward College 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:** Maxine Plummer  
Name (Printed or typed)

7300 Pines Blvd  
Address

Pembroke Pines, FL 33024  
City, State & Zip

954-201-8828  
7300 Pines Blvd Telephone number

friendsrlib@gmail.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: Friends of South Regional-Broward College Library, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7300 Pines Blvd.  
Pembroke Pines, FL 33024

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This organization is organized exclusively for educational, charitable, and literary purposes.

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

Each member in good standing shall be eligible for nomination and election as Director, or appointment as a member of any committee, subject to any limitations legally imposed by the Board of Directors.

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

Name and Title: Maxine Plummer, President  
Address: 7300 Pines Blvd.  
Pembroke Pines, FL 33024

Name and Title: Arlene Walters, Treasurer  
Address: 7300 Pines Blvd.  
Pembroke Pines, FL 33024

Name and Title: Susan Smith, 1st Vice President  
Address: 7300 Pines Blvd.  
Pembroke Pines, FL 33024

Name and Title: Erica White, Secretary  
Address: 7300 Pines Blvd.  
Pembroke Pines, FL 33024

Name and Title: Sheryl Herr, 2nd Vice President  
Address: 7300 Pines Blvd.  
Pembroke Pines, FL 33024

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: Maxine Plummer  
Address: 7300 Pines Blvd.  
Pembroke Pines, FL 33024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Susan Smith  
Address: 7300 Pines Blvd  
Pembroke Pines, FL 33024

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

Ms Plummer

Required Signature of Registered Agent

5/4/11  
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.

Susan M. Smith

Required Signature of Incorporator

5/4/11  
Date

FILED  
11 MAY -9 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA