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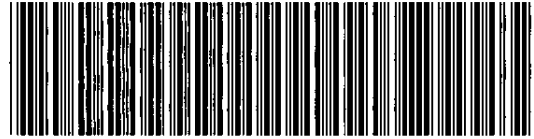
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
7/27

COVER LETTER

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

SUBJECT: Rochelle School Of The Arts PTO, Corp.
(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: Kathleen M. Butler-Capo
Name (Printed or typed)

2558 Iris Ann Drive
Address

Lakeland, Florida 33810
City, State & Zip

407-902-5395
1501 N. Martin Luther King Ave.
Tallahassee, FL 32310
Main Office Telephone Number

kscapo@tampabay.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)

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11 JUL 26 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE I NAME

The name of the corporation shall be: Rochelle School of the Arts PTO, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1501 N. Martin Luther King Avenue
Lakeland, FL 33805

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Rochelle School of the Arts PTO is to provide support to Rochelle School of the Arts and communication with parents, teachers, students, administrators, and the surrounding community.

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

shall be conducted by written ballot or voice vote at the May PTO General Meeting by a simple majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Kathleen M. Butler-Capo President</u>	Name and Title: <u>Kim Nolan Secretary</u>
Address: <u>2558 Iris Ann Drive</u>	Address: <u>1501 N. Martin Luther King Ave.</u>
<u>Lakeland, FL 33810</u>	<u>Lakeland, FL 33810</u>

Name and Title: <u>Stephen Lilly Vice-President</u>	Name and Title: <u>Ellen Hawtrey Officer</u>
Address: <u>2420 Sutton Road</u>	Address: <u>2832 Vintage Loop</u>
<u>Lakeland, FL 33810</u>	<u>Lakeland, FL 33812</u>

Name and Title: <u>Trish Meyers Treasurer</u>	Name and Title: <u>Allsion Crane Teacher Representative</u>
Address: <u>1302 Walker Road</u>	Address: <u>1501 N. Martin Luther King Ave.</u>
<u>Lakeland, FL 33810</u>	<u>Lakeland, FL 33810</u>

ARTICLE VI REGISTERED AGENT

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

Name: Kathleen M. Butler-Capo
Address: 2558 Iris Ann Drive
Lakeland, FL 33810

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kathleen M. Butler-Capo
Address: 2558 Iris Ann Drive
Lakeland, FL 33810

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

Kathleen M. Butler-Capo
Required Signature of Registered Agent

7/18/11
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.

Kathleen M. Butler-Capo
Required Signature of Incorporator

7/18/11
Date