

NI10000009270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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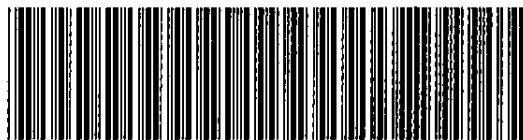
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 29 PM 4:52

SEP 29 2011

9/30
98

COVER LETTER

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

SUBJECT: Bartram Springs Elementary PTA, 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: Bartram Springs Elementary PTA, Inc.
Name (Printed or typed)

14799 Bartram Springs Parkway
Address

Jacksonville, FL 32258
City, State & Zip

(904) 260-5860
Daytime Telephone number

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: Barttram Springs Elementary PTA, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

14799 Barttram Springs Parkway
Jacksonville, FL 32258

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To act as the parent teacher association
for Barttram Springs Elementary.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Officers are
elected at an annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Laura King, President

Address: 14799 Barttram Springs Parkway
Jacksonville, FL 32258

Name and Title: _____

Address: _____

Name and Title: Dawnne Eyster, Treasurer

Address: 14799 Barttram Springs Parkway
Jacksonville, FL 32258

Name and Title: _____

Address: _____

Name and Title: Andrew Weeks, VP Programs

Address: 14799 Barttram Springs Parkway
Jacksonville, FL 32258

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: Laura King

Address: 14799 Barttram Springs Parkway
Jacksonville, FL 32258

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Laura King

Address: 14799 Barttram Springs Parkway
Jacksonville, FL 32258

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Laura King

Required Signature of Registered Agent

9/27/11

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.

Laura King

Required Signature of Incorporator

9/27/11

Date