

N110000009552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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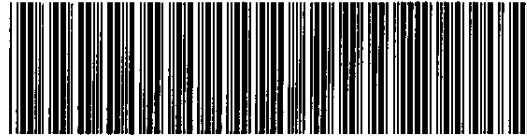
(Business Entity Name)

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8

COVER LETTER

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

SUBJECT: Florida Organization of Mothers of Twins Club, 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: Kim Cummings

Name (Printed or typed)

1925 Oro Court

Address

Clearwater, FL 33764

City, State & Zip

727-515-2699

2758 Windward Lake
Telephone number

kimc0415@yahoo.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:

Florida Organization of Mothers of Twins Club, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

2758 Windsorgate Lane

Orlando, FL 32828

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The organization is organized exclusively for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

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

Elections are done by ballot at the annual convention held in October

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dedi Lyell, President

Address: 2835 Maderia Cir
Melbourne, FL 32935

Name and Title: Sandy Davis, Secretary

Address: 1758 Bolton Abbey Dr
Jacksonville, FL 32223

Name and Title: Kim Cummings, 1st VP Membership

Address: 1925 Oro Court
Clearwater, FL 33764

Name and Title: Lori Orr, Treasurer

Address: 555 SW Nagle Place
Port St. Lucie, FL 34953

Name and Title: Chiquitta Nash, 2nd VP Research

Address: 4001 Berkley Dr
Tampa, FL 33610

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: Kim Cummings

Address: 1925 Oro Court
Clearwater, FL 33764

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kim Cummings

Address: 1925 Oro Court
Clearwater, FL 33764

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

Kim Cummings

Required Signature of Registered Agent

10-4-2011

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.

Kim Cummings

Required Signature of Incorporator

10-4-2011

Date

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