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(City/State/Zip/Phone #)

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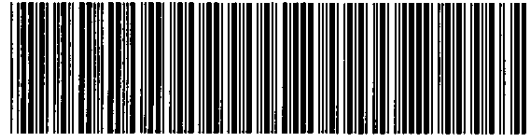
(Business Entity Name)

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2011 OCT 11 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 12 2011

COVER LETTER

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

SUBJECT: Hammett L. Bowen Jr. Elementary PTO 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: Hammett L. Bowen Jr. Elementary PTO
Name (Printed or typed)

4397 SW 95th Street
Address

Ocala, FL 34476
City, State & Zip

352-291-7900
4397 SW 95th Street Telephone number

leanna.dixon@marion.k12.fl.us
E-mail address: (to be used for future annual report notification)

(school principal)

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TALLAHASSEE, FLORIDA

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: Hammett L. Bowen Jr. Elementary PTO Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4397 SW 95th Street
Ocala, FL 34476

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To support the education and well-being of the Hammett L. Bowen Jr. Elementary School and its students through fundraising activities, private and corporate donations, and to foster relationships among the school, parents, teachers, and community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

All board positions (President, Vice President, Treasurer, Secretary) are nominated and elected by the PTO members annually, at the 1st PTO meeting of each school year (September).

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa McGuire - President
Address: 8162 SW 61st Court
Ocala, FL 34476

Name and Title: Linda Carmichael - Vice President
Address: 4963 SW 99th Place
Ocala, FL 34476

Name and Title: Michelle Wolowitz - Treasurer
Address: 11665 SW 52nd Avenue
Ocala, FL 34476

Name and Title: Elizabeth Wallace - Secretary
Address: 6351 SW 82nd Place
Ocala, FL 34476

Name and Title: _____
Address: _____

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: Lisa McGuire
Address: 8162 SW 61st Court
Ocala, FL 34476

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa McGuire
Address: 8162 SW 61st Court
Ocala, FL 34476

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TALLAHASSEE, FLORIDA

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

Lisa McGuire

Required Signature of Registered Agent

9/27/11

Date

ART

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.

Lisa McGuire

Required Signature of Incorporator

9/27/11

Date