

N11000010202

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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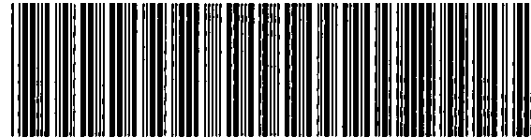
(Business Entry Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 28 AM 4:42

FILED

J. Shivers OCT 31 2011

W11-57440
258

COVER LETTER

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

SUBJECT: ST. Johns Technical High School 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: Dorothea Lynch
Name (Printed or typed)

2980 Collins Avenue
Address

Saint Augustine, Florida 32092
City, State & Zip

904-547-8496
Daytime Telephone number

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

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SECRETARY OF STATE
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: **ST. JOHNS TECHNICAL HIGH SCHOOL PTO, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2980 Collins Ave bldg E
Saint Augustine, Florida 32084

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Established for the purpose of promoting the welfare of St. Johns Technical High School. The teacher organization will promote the welfare of children and youth in St. Johns Technical High School and community.

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

As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dorothea Lynch - President
Address: 656 Porta Rosa Circle
Saint Augustine, Florida 32092

Name and Title: _____
Address: _____

Name and Title: Tammy Hardin - Sec
Address: 751 Porta Rosa Circle
Saint Augustine, Florida 32092

Name and Title: _____
Address: _____

Name and Title: Bruce W. Manley Jr. - VP
Address: 560-204 Florida Club Blvd.
Saint Augustine Florida 32084

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: Tammy Hardin
Address: 751 Porta Rosa Circle
Saint Augustine, Florida 32092

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dorothea Lynch
Address: 656 Porta Rosa Circle
Saint Augustine, Florida 32092

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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

Tammy Hardin
Required Signature of Registered Agent

9/21/11
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.

Dorothea Lynch
Required Signature of Incorporator

9/21/11
Date