

111000011810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

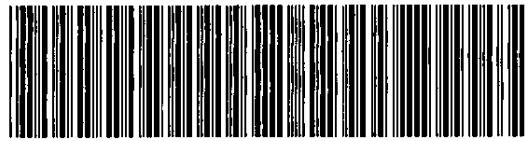
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED
11 DEC 27 PM 3:29

W11-49354

12/28/11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2011

KATHARINE KOLPAN
711 NW 19TH AVE.
GAINESVILLE, FL 32609

SUBJECT: FLORIDA ANTHROPOLOGY STUDENT ASSOCIATION, INC.
Ref. Number: W11000049354

We have received your document for FLORIDA ANTHROPOLOGY STUDENT ASSOCIATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 911A00022047

COVER LETTER

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

RECEIVED DEC 27 2001
TChang

SUBJECT: Florida Anthropology Student Association, 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: Katharine Kolpan
Name (Printed or typed)

2014 Turlington Hall, Rm 1112
Address

Gainesville FL 32611
City, State & Zip

215-603-3683

2014 Turlington Hall Telephone number

katekolpan@ufl.edu

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 Florida Anthropology Student Association, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2014 Turlington Hall
Rm. 1112
Gainesville, FL 32611

Mailing address if different is:

P.O. Box 117305
Gainesville, FL 32611

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To support and enhance the education and scientific endeavors of the University of Florida Department of Anthropology graduate students and to provide funds and other resources for the benefits of the University of Florida Department of Anthropology graduate students, and all business to accomplish these objectives.

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

One year terms by majority vote of the members present at the annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Katharine Kolpan, President Name and Title: Michelle Eusebio, Secretary
Address: 711 NW 19th Avenue Address: 904 NW 16th Avenue
Gainesville, FL 32609 Gainesville, FL 32609

Name and Title: Jamie Lee Marks, Vice President Name and Title: Kacie Allen, Treasurer
Address: 1931B NW 6th Avenue Address: 1030 SW 6th Drive, #2
Gainesville, FL 32609 Gainesville, FL 32601

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Dr. John Krigbaum
Address: 2014 Turlington Hall
Rm. 1112
Gainesville, FL 32611

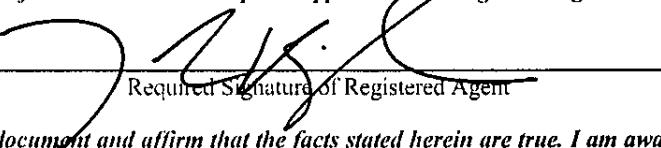
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

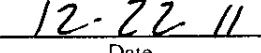
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

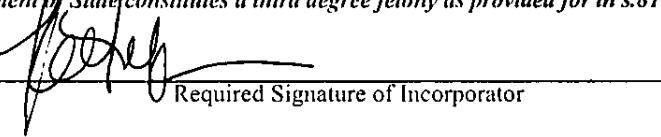
Name: Katharine Kolpan
Address: 711 NW 19th Avenue
Gainesville, FL 32609

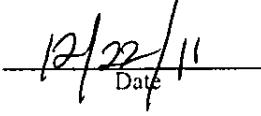
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent


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.


Required Signature of Incorporator


Date