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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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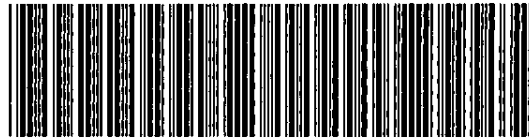
(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN -3 PM 2:41

Ps 1/4/12

**COVER LETTER**

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

**SUBJECT: Sunrise Elementary PTO Corporation**

**(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: Diana Meiehenry**

Name (Printed or typed)

**375 Marion Oaks Course**

Address

**Ocala, FL 34473**

City, State & Zip

**(352) 671-6200**

375 Marion Oaks Course  
Phone number

**Diana.Meiehenry@marion.k12.fl.us**

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: Sunrise Elementary PTO Corporation

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
375 Marion Oaks Course  
Ocala, FL 34473

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Parent Teacher Organization which will raise funds to support the needs of the students at Sunrise Elementary School in Ocala, FL.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Majority Vote

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jessica Vera, President  
Address: 375 Marion Oaks Course  
Ocala, FL 34473

Name and Title: Diana Meiehenry, Secretary  
Address: 375 Marion Oaks Course  
Ocala, FL 34473

Name and Title: Heather Bebse, Vice President  
Address: 375 Marion Oaks Course  
Ocala, FL 34473

Name and Title: Shelly LaFrance, Treasurer  
Address: 375 Marion Oaks Course  
Ocala, FL 34473

Name and Title: Rebecca Barton, Secretary  
Address: 375 Marion Oaks Course  
Ocala, FL 34473

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: Jessica Vera  
Address: 375 Marion Oaks Course  
Ocala, FL 34473

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Shelly LaFrance  
Address: 375 Marion Oaks Course  
Ocala, FL 34473

*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*

Jessica Vera  
Required Signature of Registered Agent

12-1-11  
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.*

Shelly LaFrance  
Required Signature of Incorporator

12-1-11  
Date