

N120000000573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

(Document Number)

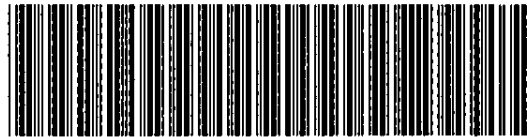
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Peter Vaka
AUTHORIZATION BY PHONE TO ~~NAME~~
CORRECT *add INC to corporate*
DATE *1/18/12*
DOC. EXAM *MRD* *name*

Office Use Only



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01/17/12--01028--004 **78.75

FILED

12 JAN 17 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
1/18/12

COVER LETTER

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

SUBJECT: Rotary Youth Exchange 6890 14C

(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: Peter Vaka

Name (Printed or typed)

10424 Beneva Dr.

Address

Tampa, FL 33647

City, State & Zip

813-929-3730

10424 Beneva Dr. Telephone number

rye6890@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: Rotary Youth Exchange 6890 Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
10424 Beneva Dr.
Tampa, FL 33647

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This non-profit corporation is formed for the express purpose of conducting exchanges with high school age students with the United States and other countries. It is operated under the rules of the Rotary Youth Exchange program and the U.S. Department of State.

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

Directors are appointed by the chairperson who is appointed by the District Governor of Rotary District 6890

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Vaka Chairman

Address: 10424 Beneva Dr.
Tampa, FL 33647

Name and Title: Michelle Atkins Schaefer Director

Address: 4917 Sapphire Sound Dr.
Wimauma, FL 33598

Name and Title: Jim Mitchell-Director

Address: 11808 N 56th St
Temple Terrace, FL 33617

Name and Title: _____

Address: _____

Name and Title: Richard Bosaaen-Director

Address: 4860 W Kennedy Blvd
Tampa, FL 33609

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: Peter Vaka

Address: 10424 Beneva Dr.
Tampa, FL 33647

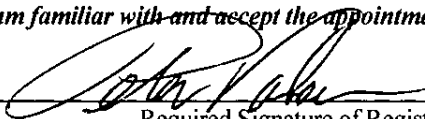
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Peter Vaka

Address: 10424 Beneva Dr.
Tampa, FL 33647

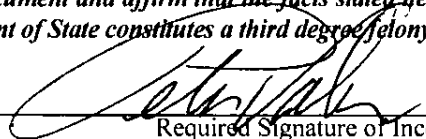
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

1/11/12
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

1/11/12
Date

FILED
12 JAN 17 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA