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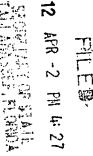
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
		

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COVER LETTER

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

SUBJECT: Romeo Elementary Parent/Teacher Organization, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an origina	l and one (1) copy of the Artic	eles of Incorporation an	d 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 C	OPY REQUIRED
		,	
FROM	1: Victoria Thomas	nted or typed)	
	1550 SW 36th St	•• ,	
	Dunnellon, FL 34	ddress.	
		tate & Zip	
	352-465-6700		
	19550 S W36im8 iTe	lephone number	
	victoria.thomas@		
	E-mail address: (to be used for f	uture annuai report notifica	ation)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

FILE B.

RTICLE II	PRINCIPAL OFFICE		SECRETARY OF BEATE
KIICLEII	Principal street address		Mailing address, if different is W.) A
	19550 SW 36th St		19550 SW 36th St
•	Dunnellon, Florida 34431		Dunnellon, Elorida 34431
ARTICLE III	PURPOSE		
he purpose for w	hich the corporation is organized is:		
elationship b		develop united	ool and community; to establish a cleateforts between educators and the nal opportunites.
RTICLE IV	MANNER OF ELECTION The mann	er in which the direct	tors are elected and appointed:
			of the PTO are elected by majority vote of the membershi
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS	
	tle: Amber Drew, President	Name and Ti	tle:Laura Thompson, Vice President
Address:	16654 SW 38th St	Address:	18043 SW 27th St
	Ocala, FL 34481		Dunnellon, FL 34431
Name and Ti	tle Holly Lemanski, Secretary	Name and Ti	itle: Victoria Thomas, Treasurer
Address:	19865 SW 5th Place		1550 W New Lenox Ln
	Dunnellon, FL 34431		Dunnellon, FL 34434
Name and Ti	itle: Sahra Cohen, Treasurer	Name and Ti	itle:
Address:	19550 SW 36th St		
	Dunnellon, FL 34431		
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptal	ole) of the registered a	agent is:
Name:	Victoria Thomas		
Address:	1550 W New Lenox Ln		
	Dunnellon, FL 34434		
ARTICLE VII	INCORPORATOR		
he <u>name and add</u>	Iress of the Incorporator is:		
Name:	Heather Crutchfield	_ 	
Address:	16771 SW 42nd Loop Ocala, FL34481		
	Ocala, 1 Lotto 1		
Havino heen nam	ed as registered agent to accept service of	process for the abov	ve stated corporation at the place designated in i
ertificate. I am fa	miliar with and accept the appointment as re	gistered agent and a	
4/+	Required Signature of Registered Ag		2/2.11
/celo	na thomas		3/30/12
	Required Signature of Registered Ag	gent	/ Date /

Required Signature of Incorporator