

N12000004223

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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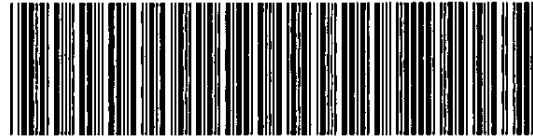
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR 25 AM 9:52

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J. Shivers APR 26 2012
W12-120240
524



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2012

FT MCCOY SCHOOL PTO INC.
16160 NW HWY 315
FT MCCOY, FL 32134

SUBJECT: FT MCCOY SCHOOL PTO INC.
Ref. Number: W12000015280

We have received your document for FT MCCOY SCHOOL PTO INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The Department of State can not accept nor file bylaws for a corporation.,

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) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 912A00009519

COVER LETTER

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

SUBJECT: Ft McCoy 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: Ft McCoy School PTO Inc.
Name (Printed or typed)

16160 NE Hwy 315
Address

Ft. McCoy, FL 32134
City, State & Zip

352-843-7323
Daytime Telephone number

Cmgatorgirl@yahoo.com
E-mail address: (to be used for future annual report notification)

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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: Ft McCoy School PTO Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
16160 NW HWY 315
Ft McCoy, FL 32134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Purpose of the PTO is:

- a) Strengthen the PTO at Ft McCoy School as a effective vehicle for continuous improvement of Ft. McCoy School
- b) Provide an opportunity for members of the PTO, parents, teachers & staff to network and cooperate with each other.
- c) Provide a resource of support through volunteers and monetary funds to Ft. McCoy school.
- d) Promote parental involvement within the school and its associated events.
- e) Support the Students, Staff and its Administrators of Ft McCoy School to improve the learning environment and moral of the school.

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

The method of election of the directors is as stated in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carrie C Mosher
Address: President
7927 E Hwy 318
Citra, FL 32113

Name and Title: James R Mosher
Address: Vice-President
7927 E Hwy 318
Citra, FL 32113

Name and Title: April Rountree
Address: Treasurer
PO Box 354
Ft McCoy, FL 32134

Name and Title: Summer Wigginton
Address: Secretary
3031 Se 11th St.
Ocala, FL 34471

Name and Title: _____
Address: _____

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: James R Mosher
Address: 7927 E Hwy 318
Citra, FL 32113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carrie C Mosher
Address: 7927 E Hwy 318
Citra, FL 32113

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

James R Mosher / JAMES R MOSHER. 4/20/12
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.

Carrie C Mosher / CARRIE C MOSHER. 4/20/12
Required Signature of Incorporator Date

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TALLAHASSEE, FLORIDA