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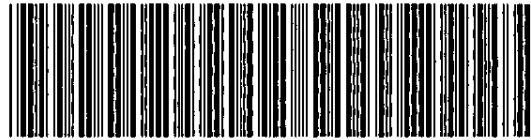
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 27 AM 7:53

4/30
8

COVER LETTER

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

SUBJECT: JENSEN BEACH ART LEAGUE, 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: JOAN M. LAUGOIS
Name (Printed or typed)

465 N.E. Aremoy Circle
Address

Port St Lucie, FL 34983
City, State & Zip

804-896-2405
Daytime Telephone number

EDEDECKER@bellsouth.NET
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: Jensen Beach Art League, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
465 N.E. Armory Circle
Port St Lucie
Florida 34983

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Art League composed of 30 (ormore) Local
Artists to meet, exchange knowledge, show
work at local parks and contribute to Jensen
Beach public schools

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Open nominations at monthly meetings

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ed DeDecker, Pres.
Address: 2811 S.E. Tate
Port St. Lucie
Fl. 34984

Name and Title: Judith Mercer, Sec.
Address: 611 S.W. Barbuda Bay
Port St. Lucie
Fl. 34986

Name and Title: Connie Pews, V. Pres.
Address: 10612 S.W. Katrina Way
Port St. Lucie
Fl. 34987

Name and Title: _____
Address: _____

Name and Title: Joan Laugois, Treas.
Address: 465 N.E. Armory Circle
Port St. Lucie
Fl. 34983

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: Joan Laugois, Treas
Address: 465 N.E. Armory Circle
Port St. Lucie
Fl. 34983

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joan Laugois, Treas
Address: 465 N.E. Armory Circle
Port St. Lucie
Fl. 34983

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

Joan Laugois

Required Signature of Registered Agent

4-20-12
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.

Joan Laugois

Required Signature of Incorporator

4-20-12
Date

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