NIZODOUZOZ

(Requestor's Name)				
, (Address)					
(Address)					
	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
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: NOTUT	Manon Quarter	Walloff Quarterback Club, Inc.			
·	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	ndf 2011iy)		
Enclosed is an original	and one (1) copy of the Ar	ticles of Incorporation and	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:		ion Quarterback Club, Inc	<u>. </u>		
151 W. Highway 329 Address					
	Citra El 32113				

daryl.damon@marion.k12.fl.us

151 W Hibaytiun Belephone number

352-671-6010

E-mail address: (to be used for future annual report notification)

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

City, State & Zip

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

ARTICLE I

NAME

ARTICLE I	North Marion Quart	erback Club, Inc	,	•
The name of the	corporation shall be:	,		
ARTICLE II	PRINCIPAL OFFICE			
AK IICLE II	Principal street address		Mailing address, if d	ifferent is:
	151 W. Highway 329		P. O. Box 718	
	Citra. FL 32113		Sparr, FL 32192	
ARTICLE III	PURPOSE			
The purpose for	which the corporation is organized is:			
raising funds and purcha activities that will contrib exercising other powers nonpartisan, and shall s ARTICLE (III(b) DISSO	nized exclusively for charitable, literary, and educational purposes as asing personal property and services to be used by students and fac- sults to the public education of the community; engaging in other char- conferred by the laws of Florida on nonprofit corporations. This Cor- sek neither to direct the administrative activities of the Marion Count LUTION OF ASSETSUpon dissolution of the Corporation or the wind add then qualify under the provisions of Section 501(c)(3) of the Inter-	uity at North Marion Quarterbech ritable, civic, or educational activ rporation shall be self-governing, y School District nor to control its sing up of its affairs, the assets o	k Club, Inc. providing volunteers for education rities that will contribute to the public education, s self-supporting, non-commercial, non-eactari s policies. If the Corporation shall be distributed exclusive.	eal and extracurricular n of the community; and ian, nonprofit, and ely to charitable
ARTICLE IV	MANNER OF ELECTION The manne	er in which the director	rs are elected and appointed:	
At the last ge	eneral business meeting, officers are	elected by a simp	ple majority of the memb	ership present.
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	•	• •	• •
	Title: Bruce Forsyth-President	Name and Title	e:Dollie Strong-Treasurer	
Address:	Title: Bruce Forsyth-President 13067 NE 38th Avenue	Address:	6920 NW 178th Place	
Sparr, FL	Sparr, FL 32192		Reddick, FL 32686	
Nome and	Title:Nichole Gooshaw-Vice President	Nome and Title	a.	
Address:	5050 NW 152nd Lane		E	
Addiess.	Reddick, FL 32686	Address.		
Name and	Title: Teresa Cicchella-Secretary	Name and Title	e:	
Address:	11865 NE 105th Street	Address:		
	Fort McCoy, FL 32134			
ARTICLE VI	REGISTERED AGENT	l-) - Cabi-td		~ <u>`</u>
	orida street address (P.O. Box NOT acceptable	ie) of the registered age	ent is:	
Name: Address:	Bruce Forsyth 13067 NE 38th Avenue			-
Audiess.	Sparr. FL 32192			22
	Spair, I'L 32132	· · · ·		તમે કેલ્પિક અનુ સમારો કેલ્પ
ARTICLE VII	INCORPORATOR			る。
The name and ac	Idress of the Incorporator is:			का हिंसी
Name:	Dollie Strong			
Address:	6920 NW 178th Place			
Re	Reddick, FL 32686			
	med as registered agent to accept service of p			e designated in this
certificate, I am f	amiliar with and accept the appointment as reg	ristered agent and agre	e to act in this capacity	
11. 1	'/ A A-		1 10 17	
LYNWI.	Try the		<u>6-18-12</u> Date	
	Required Signature of Registered Age	ent	Date	
	ument and affirm that the facts stated herein a		hat ann falsa information onku	itted in a document
	ument una affirm that the facts stated heresh a it of State constitutes a third degree felony as pr			micu ar u uvlumeni
			og z sum	
110/1	Required Signature of Incorpora		6-18-	.12,
- Mour	Paguinad Singhama of Incompany	etos.	Q - / D	<u>, </u>
	reduited Statistics of tucorbou	anoi	Date	•