

N12000008686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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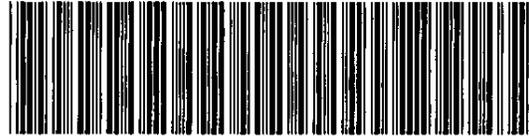
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M RD  
9/11/12

**COVER LETTER**

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

**SUBJECT:** The Webster 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:** Island Business & Accounting Services, Inc.

Name (Printed or typed)

1349 Mattie Street

Address

St. Augustine, FL 32084

City, State & Zip

(904) 471-6306

420 North Orange Street Telephone number

taraganson@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 Webster School PTO, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
420 North Orange Street  
St. Augustine, FL 32084

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**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Parent Teacher Organization to raise funds for school.

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

By vote of the registered members

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Angela McInnes / President</u>	Name and Title: <u>Cassey Bara / Vice President</u>
Address: <u>14 Twin Aspen Lane</u>	Address: <u>805 Pine Park Lane</u>
<u>St. Augustine, FL 32084</u>	<u>St. Augustine, FL 32084</u>

Name and Title: <u>Alice Howard / Secretary</u>	Name and Title: <u>Sonya Leneave / Treasurer</u>
Address: <u>228 Seawoods Drive North</u>	Address: <u>1420 Stockbridge Lane</u>
<u>St. Augustine, FL 32080</u>	<u>St. Augustine, FL 32084</u>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Angela McInnes  
Address: 14 Twin Aspen Lane  
St. Augustine, FL 32084

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Penny Angelus  
Address: 300 Crystal Lake Drive  
St. Augustine, FL 32084

*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*

Angela McInnes  
Required Signature of Registered Agent

9/7/12  
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.*

Penny Angelus  
Required Signature of Incorporator

9/7/12  
Date