

N12000008686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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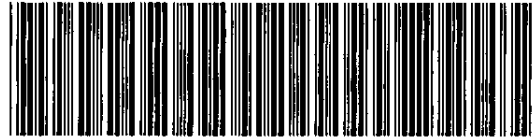
(Business Entity Name)

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12 SEP 10 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

The Webster School PTO, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

420 North Orange Street

St. Augustine, FL 32084

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: Angela McInnes / President

Address: 14 Twin Aspen Lane

St. Augustine, FL 32084

Name and Title: Cassey Bara / Vice President

Address: 805 Pine Park Lane

St. Augustine, FL 32084

Name and Title: Alice Howard / Secretary

Address: 228 Seawoods Drive North

St. Augustine, FL 32080

Name and Title: Sonya Leneave / Treasurer

Address: 1420 Stockbridge Lane

St. Augustine, FL 32084

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: 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