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(City/State/Zip/Phone #)

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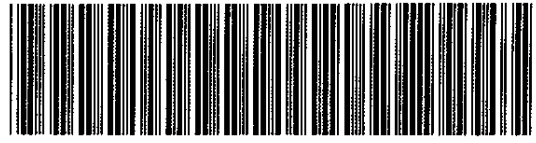
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*[Signature]*

## COVER LETTER

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

SUBJECT: Southern Starz Booster Club, 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: Angelika Bucher  
Name (Printed or typed)

1317 SE 21st Lane  
Address

Cape Coral, FL 33990  
City, State & Zip

239-297-0393  
Daytime Telephone Number

ang1973@gmail.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 name of the corporation shall be:

SOUTHERN STARZ BOOSTER CLUB, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

915 Southeast 14th Place

Cape Coral, FL 33990

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Non -profit booster club, organized exclusively to foster national or international amateur sports competition of competitive gymnasts at Southern Starz, for purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

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

Each parent or legal guardian shall be entitled to one (1) vote per competitive gymnast. Elections shall be by written ballot only if requested by any member entitled to vote.

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

Name and Title: Julia McKinnon (President)

Address: 915 Southeast 14th Place

Cape Coral, FL 33990

Name and Title: Michelle Sedorchuk (Treasurer)

Address: 915 Southeast 14th Place

Cape Coral, FL 33990

Name and Title: Anna Polakiewicz (Vice President)

Address: 915 Southeast 14th Place

Cape Coral, FL 33990

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Holly Toner (Secretary)

Address: 915 Southeast 14th Place

Cape Coral, FL 33990

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: Michelle Sedorchuk

Address: 121 NW 8th Pl

Cape Coral, FL 33993

**ARTICLE VIII DISSOLUTION**

Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Angelika Bucher

Address: 1317 SE 21st Lane

Cape Coral, FL 33990

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

MSedorchuk

Required Signature of Registered Agent

9.18.12

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.

ABucher

Required Signature of Incorporator

9/21/2012  
Date