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(Requestor's Name)				
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(Only/State/2)p// Hone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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-of 11/20/12

COVER LETTER

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

SUBJECT: Roosevelt Elementary PTO Cope (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 Fæ	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:	Rick Hester Name (Printed or typed)			
I KOM.				
	1400 Minutemen Cswy			
	Address			
	Cocoa Beach, FL 32931			
	City, State & Zip			
	321-868-6660			
	Daytime Telephone number			

rooseveltelementarypto@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 INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the c	NAME Corporation shall be: Rossevelt	Elementary P	Corp	
ARTICLE II	PRINCIPAL OFFICE Principal street address 1400 Minutemen Cawy Coccoe BEach, FL 3291		Mailing address, if different is:	
ARTICLE III	PURPOSE			
The purpose for v	which the corporation is organized is:			
Fund-raising	for Theodore Roosevelt Elemental	ry School		
ARTICLE IV	MANNER OF ELECTION The manner	r in which the directors are elect	ted and appointed: Nomination	
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS	101.0	
Name and T	itle: Rick Hester Co-President	Name and Title: Anno Mart	nosfer Co-President	
Address:	1101 S. Orlando Avenue Cocoa Beach, FL 32931		laven Drive ach, FL 32931	
Name and T	itle: Barbara O'Molia-Staint Vice President 57 Danube River Drive	Name and Title: Molissa Al Address: 418 Blakey		
rida vis.	Cocce Beach, FL 32931		ach, FL 32931	
Name and T Address:	Title:	Name and Title:Address:		
ARTICLE VI	REGISTERED AGENT		>	
	orida street address (P.O. Box NOT acceptable	le) of the registered agent is:		
Address:	1400 Minutemen Cswy		HTC A	
	Cocca Beach, FL 32931			
	INCORPORATOR Idress of the Incorporator is: Rick Hesser		PH 2:2	
Name: Address:	1101 S. Orlando Avenue			
Address.	Cocce Beech, FL 32931		,)	
	med as registered agent to accept service of p amiliar with and accept the appointment as reg Required Signature of Registered Age	gistered agent and agree to act i		
to the Department	ument and affirm that the facts stated herein a t of State constitutes a third degree felony as p	re true. I am aware that any fai rovided for in s.817.155, F.S.	lse information submitted in a document	
R.i.	Required Signature of Incorpora		17-9-12	
	Required Signature of Incorpora	tor	Date	