

N13000004416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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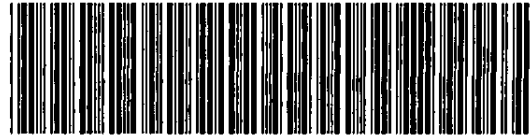
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAY -8 PM 2:18

gf 5/10/13

**COVER LETTER**

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

**SUBJECT: Wesley Chapel Socialites 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: Estille M. Young**

Name (Printed or typed)

**25753 Santos Way**

Address

**Wesley Chapel, FL 33544**

City, State & Zip

**813-994-2399**

Daytime Telephone number

**riviln@aol.com**

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

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**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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**ARTICLE I    NAME**

The name of the corporation shall be: Wesley Chapel Socialites Club Inc.

**ARTICLE II    PRINCIPAL OFFICE**

13 MAY -8 PM 2: 19

Principal ~~street~~ address:  
26204 Lexington Oaks Blvd.

Mailing address, if different is:  
PO BOX 7071

Wesley Chapel, FL 33544

Wesley Chapel, FL 33545

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To provide an environment that encourages promotion of mental, social and physical wellbeing, while fostering community relationship and supporting charitable organization.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Voting through the democratic process.

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

Name and Title: Estille M Young President

Address: 25753 Santos way  
Wesley Chapel, FL 33544

Name and Title: Harvey Hall Vice President

Address: 16227 Bonneville Dr.  
Tampa, FL 33624

Name and Title: Shirley Fishley Treasurer

Address: 18001 Richmond Place Dr.  
Tampa, FL 33647

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

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

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: Harvey G. Hall

Address: 16227 Bonneville Dr

Tampa, FL 33624

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Estille M. Young

Address: 25753 Santos Way

Wesley Chapel, FL 33544

*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*

  
\_\_\_\_\_  
Required Signature of Registered Agent

5/3/13  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

5/3/13  
\_\_\_\_\_  
Date