

N13000005881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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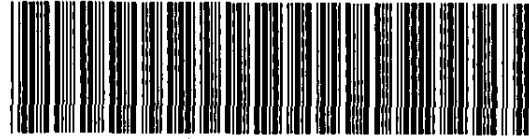
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

229
2013-06-13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2013

RODERICK H FRANKLAND/REGIONS BANK
2520 COUNTRYSIDE BLVD
CLEARWATER, FL 33763

SUBJECT: FISOA OF TAMPA BAY INC
Ref. Number: W13000034929

We have received your document for FISOA OF TAMPA BAY INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 513A00015159

COVER LETTER

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

SUBJECT: **FISOA of Tampa Bay 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: **Roderick H Frankland/ Regions Bank**
Name (Printed or typed)

2520 Countryside Blvd
Address

Clearwater, FL 33763
City, State & Zip

727-799-8041
Daytime Telephone number

roderick.frankland@regions.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

ARTICLE I NAME

The name of the corporation shall be: FISOA of Tampa Bay Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4427 West Kennedy Blvd, 3rd Floor
Tampa FL 33605

Mailing address, if different is:
P O BOX 25023
Tampa FL 33622

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this Association shall be to develop and promulgate certain information and procedures among its members as a step toward increasing the safety and security of area financial institutions, and decreasing the number of crimes committed against those financial institutions.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The directors shall be elected each year in January by the majority of the members present. The term of the office shall be one year, terms can be repeated as voted by the membership.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roderick Frankland, President
Address: 2520 Countryside Blvd
Clearwater FL 33763

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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TALLAHASSEE FLORIDA

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: Roderick Frankland
Address: 2520 Countryside Blvd
Clearwater FL 33763

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

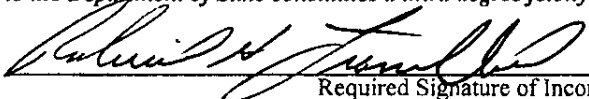
Name: Roderick Frankland
Address: 2520 Countryside Blvd
Clearwater FL 33763

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

6-24-13
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

6-24
Date

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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