

Division of Corporations

**Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CUMMINGS & LOCKWOOD, LLC
Account Number : 102336001100
Phone : (239) 649-3101
Fax Number : (239) 430-3344

SECRETARY OF STATE
TREASURER
FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION
Pine Ridge Middle School PTO, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	02
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAMEThe name of the corporation shall be: Pine Ridge Middle School PTO, Inc.SECRETARY OF STATE
TALLAHASSEE FLORIDA**ARTICLE II PRINCIPAL OFFICE**Principal street address:Pine Ridge Middle Schoolc/o Cummings & Lockwood, LLC
3001 Tamiami Trail North
Suite 400
Naples, Florida 34103

Mailing address, if different is:

c/o Cummings & Lockwood, LLC3001 Tamiami Trail North, Suite 400
Naples, Florida 34103**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: for all legal business purposes of a
parent-teacher organization for Pine Ridge Middle School, Naples,
Florida.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Annually
by members.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Stacy Bradley (Pres.)</u>	Name and Title:	<u>Kristi Foster (Memb. Coord.)</u>
Address	<u>6968 Burnt Sienna Cir.</u>	Address:	<u>P.O. Box 110796</u>
	<u>Naples, FL 34109</u>		<u>Naples, FL 34108</u>

Name and Title:	<u>Elise Egan (Treas.)</u>	Name and Title:	<u>Nina Birtolo (Volunteer Coord.)</u>
Address	<u>P.O. Box 770442</u>	Address:	<u>6565 Autumn Woods Blvd.</u>
	<u>Naples, FL 34107</u>		<u>Naples, FL 34109</u>

Name and Title:	<u>Anne Hagen (Co-Recording Sec.)</u>	Name and Title:	<u>Lisa Trebilcock (Co-Recording Secr.)</u>
Address	<u>6517 Autumn Woods Blvd</u>	Address:	<u>6660 Mangrove Way</u>
	<u>Naples, FL 34109</u>		<u>Naples, FL 34109</u>

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Name and Title: Karen Macartney Name and Title: _____
(Past Co-President)
Address: 6734 Old Banyan Way Address: _____
Naples, FL 34109

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

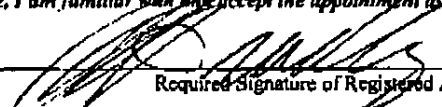
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Todd L. Bradley, Esq.
Address: Cummings & Lockwood, LLC
3001 Tamiami Trail North, Suite 400
Naples, FL 34103

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Todd L. Bradley, Esq.
Address: Cummings & Lockwood, LLC
3001 Tamiami Trail North, Suite 400
Naples, FL 34103

Having been named as registered agent to accept service of process for the above stated corporation as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

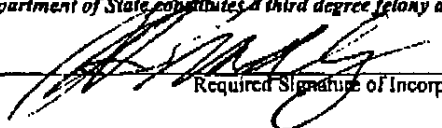


Required Signature of Registered Agent

7/21/13

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

7/21/13

Date

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