

N13000007554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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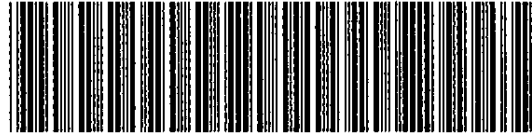
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
8/22/13

COVER LETTER

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

SUBJECT: Rockin' for Casey, 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: Marcia E. Howard

Name (Printed or typed)

2849 SW Pierson Road

Address

Port St. Lucie, FL 34953

City, State & Zip

772-579-5266

Daytime Telephone number

marcia2690@yahoo.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: Rockin' for Casey, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2849 SW Pierson Road

Port St. Lucie, FL 34953

Mailing address, if different: 13 AUG 19 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. The corporation is organized to raise funds to promote meningitis awareness, and to provide assistance to meningitis victims for their medical bills, travel and lodging expenses related to their treatment.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: pursuant to the bylaws of the corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcia E. Howard, Pres/Treas

Address: 2849 SW Pierson Road
Port St. Lucie, FL 34953

Name and Title: Alan Dale Sauter, Jr., V.Pres

Address: 2849 SW Pierson Road
Port St. Lucie, FL 34953

Name and Title: Sheri Ebright, Secretary

Address: 1887 SE Harrison Street
Stuart, FL 34997

Name and Title: Sharyl M. McGlynn, Secretary

Address: 4903 SE Duval Drive
Stuart, FL 34997

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Kristen L. Bishop, Esquire

Address: 532 Colorado Avenue
Stuart, FL 34994

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marcia E. Howard

Address: 2849 SW Pierson Road
Port St. Lucie, FL 34953

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

KBishop

Required Signature of Registered Agent

8/16/2013

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.

Marcia E. Howard

Required Signature of Incorporator

8-16-13

Date