

N1300008462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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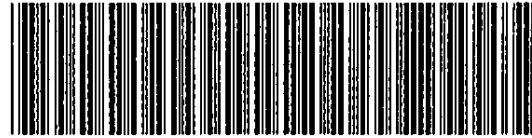
(Business Entity Name)

(Document Number)

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13 SEP 17 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FL 32312

Ps 9/20/13

## COVER LETTER

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

SUBJECT: **KHS Red Devil Band Boosters 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: **KHS Red Devil Band Boosters Inc**  
Name (Printed or typed)

**C/O 621 McRorie Street**

Address

**Lakeland, FL 33803**

City, State & Zip

**863-499-2777 or 863-701-5042**

Daytime Telephone number

**lbelvin@highcor.com; monica.eich@polk-fl.net**

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:

**KHS Red Devil Band Boosters Inc**

**FILED**

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

**621 McRorie Street**

Mailing address, if different is:

**Lakeland, FL 33803**

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: **to help Kathleen High School Red Devil Bands.**

**The boosters consist of parents/guardians as helpers & volunteers to assist the band throughout the year with fund raisers, concessions, games, appearances, and competitions, but not limited to the above.**

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: **Parent meeting held**

**at the end of school last year (May 2013). Nominations were made, accepted and voted upon. Parents accepted positions.**

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

Name and Title: **Lisa S Belvin, President**

Address: **621 McRorie St**

**Lakeland, FL 33803**

Name and Title: **Laurie Pomella, Tres.**

Address: **8040 Park Byrd Road**

**Lakeland, FL 33810**

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

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

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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: Lisa S Belvin, President  
Address: 621 McRorie St  
Lakeland, FL 33803

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lisa S Belvin, President  
Address: 621 McRorie St  
Lakeland, FL 33803

*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*

Lisa S Belvin  
Required Signature of Registered Agent

8/27/13  
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.*

Lisa S Belvin  
Required Signature of Incorporator

8/27/13  
Date