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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 20 PM 4:06

[Handwritten signature]
9/25/13

COVER LETTER

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

SUBJECT: Tampa Bay Intergroup 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: Jack Stringfellow
Name (Printed or typed)

8521 78th Terrace N
Address

Seminole FL 33777
City, State & Zip

727-580-3967
Daytime Telephone number

gfcjack@
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 20 PM 4:07

ARTICLE I NAME

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

ARTICLE II PRINCIPAL OFFICE

Principal street address:

8100 Park Blvd A35

Pinellas Park FL 33781

Mailing address, if different is:

P O Box 1841

Pinellas Park FL 33781

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide resources for a community
based organization

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: every 2 years
in January - even years - by members of the Intergroup in person
& present

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Danette Stringfellow Chair Name and Title: _____
Address 8521 78th Terrace N Address: _____
Seminole FL 33777

Name and Title: Gino Poccara -D Name and Title: _____
Address P O Box 1841 Address: _____
Pinellas Park FL 33781

Name and Title: Jack Stringfellow Treasurer Name and Title: _____
Address 8521 78th Terrace N Address: _____
Seminole FL 33777

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: Jack Stringfellow

Address: 8521 78th Terrace N

Largo FL 33777

ARTICLE VII INCORPORATOR

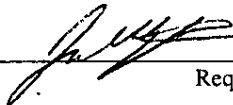
The name and address of the Incorporator is:

Name: Jack Stringfellow

Address: 8521 78th Terrace N

Largo FL 33777

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

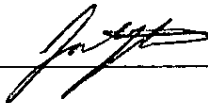


Required Signature of Registered Agent

9/12/13

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

9/12/13

Date