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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
10/1/13

COVER LETTER

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

SUBJECT: MBE PTO 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:

Loran Schubarg
Name (Printed or typed)

20521 SW 50 PL
Address

SW Ranches, FL 33332
City, State & Zip

954 309-0158
Daytime Telephone number

Schubarg@aol.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: MBE PTO Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

20521 SW 50 PL

SW Ranches, FL 33332

Mailing address, if different is 13 SEP 30 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: fundraise and assist the
students and staff at an Elementary School.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed

elections

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Loran Schuberg, Chair Name and Title: Suzzy Sikler, President

Address: 20521 SW 50 PL Address: 19486 SW 68TH ST.

SW Ranches, FL

Pembroke Pines, FL

33332

33332

Name and Title: Julie Saucedo, Secretary Name and Title: _____

Address: 1219 Skylark Dr. Address: _____

Weston, FL 33327

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: Loran Schubarg

Address: 20521 SW 50 PL
SW Ranches, FL 33332

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Loran Schubarg

Address: 20521 SW 50 PL
SW Ranches, FL 33332

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

Loran N. Schubarg
Required Signature of Registered Agent

9/25/13
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.

Loran N. Schubarg
Required Signature of Incorporator

9/25/13
Date