

N13000009098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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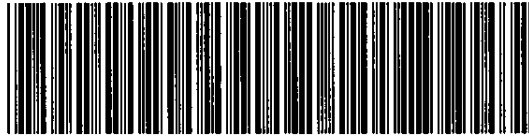
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*K* 10/07/13

**COVER LETTER**

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

SUBJECT: Parent Teacher Organization of Waverly Academy 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: Misty L Papp  
Name (Printed or typed)

5710 Wesconnett Blvd  
Address

Jacksonville, FL 32244  
City, State & Zip

904-647-8552  
Daytime Telephone number

WaverlyAcademypta.board@gmail.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: Parent Teacher Organization of Waverly Academy Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

5710 Wesconnett Blvd

Jacksonville, Fl. 32244

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To Promote the well being of students at school, in home and the community thru enrichment activities for lat Waverly Academy.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: elections are held yearly vote at a general session meeting.

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

Name and Title: Misty L. Papp (President) Name and Title: \_\_\_\_\_

Address: 1338 Hogan Lane Address: \_\_\_\_\_  
Jacksonville, Fl.  
32221

Name and Title: Kenya C. King (Vice President) Name and Title: \_\_\_\_\_

Address: 4375 Confederate Pt Rd Address: \_\_\_\_\_  
apt. 13E  
Jacksonville, Fl 32210

Name and Title: Michelle C. Locke (Treasurer) Name and Title: \_\_\_\_\_

Address: 1911 Carlee Ave Address: \_\_\_\_\_  
Jacksonville, Fl  
32210

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

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

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

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Misty L. Papp

Address: 5710 Wesconnett Blvd  
Jacksonville, Fl 32244

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE VII INCORPORATOR**

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

Name: Misty L. Papp

Address: 5710 Wesconnett Blvd  
Jacksonville, Fl. 32244

*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*

Misty L. Papp  
Required Signature of Registered Agent

10/2/13  
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.*

Misty L. Papp  
Required Signature of Incorporator

10/2/13  
Date