1) 300009642

(Requestor's Name)						
(Address)						
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(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL MAIL				
(Business Entity Name)						
(UC	ocument Number)					
Certified Copies	Certificates of Status					
On a significant was a factor of the same	Filtra Office a					
Special Instructions to	Filing Officer:					

Office Use Only



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SECRETARY OF STATE OF CORPORATIONS

Ps 10/24/13

Sheet.

COVER LETTER

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

1414143500, 113 32314			
SUBJECT: Tomp	A MODECO OC (PROPOSED CORPORA	TE NAME - MUST INCLUI	DE SUFFIX)
\$70.00	∑ \$78.75	ticles of Incorporation and	□ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED	

FROM: Elizabeth Dackson
Name (Printed or typed)

4641 Barchetla Drive
Address

Land O Lakes FL 34639
City, State & Zip

813-766-2780
Daytime Telephone number

edackson E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2013

ELIZABETH DACKSON 4641 BARCHETTA DR LAND O LAKES, FL 34639

SUBJECT: TAMPA MODERN QUILT GUILD

Ref. Number: W13000056580

We have received your document for TAMPA MODERN QUILT GUILD and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 613A00023850

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

	. In compliance with	1 Chapter 017, r	.s., (Not for Profit)	FILE	D
ARTICLE I	NAME corporation shall be: Tampa Nocl	eco Quil	t Guild In	SECRETARY WEVISION OF CO	OF STATE ORPORATIONS
ARTICLE II	PRINCIPAL OFFICE			13 OCT 23	
	Principal street address:		Mailing addres	ss, if different is:	~
464	Al Barchetta Dr		PO BOX 42	46	
Land	d O Lakes, FL 34639		Clearwater, f	FL 337	58
	which the corporation is organized is:		•		,
	quilters interested in			•	
	like. Fellowship will 1		-		ywac
meetings	, gatherings , and other	x events			
				 	
			······································		
ARTICLE IV	MANNER OF ELECTION The ma	anner in which th	e directors are elected	and appointed:	at annual
general o	nembership meetings to	much m	embership	Note.	
•			•		
ARTICLE V	INITIAL OFFICERS AND/OR DI	RECTORS			
Name and Title:	Elizabeth Dackson, President	Name and Title	:Olivia Ortiz	, Vice 17ce	siden-
	4641 Barchetta Dr		1625 Barr		
	Land 0 Lakes, FL 34639		Clearwater	j	
<u> </u>	200 D 2003, 12 3 10 3 1	•	Cied Water	1 1	<u>.</u>
<u>.</u>					
	Ellen Ault, Secretary				
Address	11102 Elmfield Dr	_ Address:	5913 Navine	rs Watch	<u>D</u> ~
-	Tampa, FL 33625		Tampa, FL	33615	
					
Name and Title:		Name and Title	: <u></u>		_
Address _					_
_		_			
-		•			

___ Name and Title:___ FILED Name and Title: SECRETARY OF STATE DIVISION OF CORPORATIONS Address: Address 13 OCT 23 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: Elizabeth Dackson Name: Address: 4641 Barchettas Drive Land O Lakes FL 34639 ARTICLE VII **INCORPORATOR** The name and address of the Incorporator is: Olivia Ortiz Name: Address: 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 7/23/2013 Required Signature of Registered Agent 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 Bepartment of State constitutes a third degree felony as provided for in s.817.155, F.S. 27 July 2013 Required Signature of Incorporator