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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: **Everglades Theatre Boosters Club Corp.**
(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: **Marilyn Horgan**
Name (Printed or typed)

16810 S.W. 49th Court
Address

Miramar, Fl 33027
City, State & Zip

305-490-9445
Daytime Telephone number

mhorgan1007@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: Everglades Theatre Boosters Club Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

17100 S.W. 48th Court

Miramar, Fl 33027

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The specific purpose for which this corporation is organized is to raise funds for the Everglades Theatre club materials and supplies for school performances.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected by Club Director

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marilyn Horgan President

Address: 16810 S.W. 49th court

Miramar, Fl 33027

Name and Title: Bob Swain

Address: 17100 S.W. 48th Court

Miramar, Fl 33027

Name and Title: Isabel Molina Vice President

Address: 17100 S.W. 48th Court

Miramar, Fl 33027

Name and Title: _____

Address: _____

Name and Title: Cristina Batista Secretary

Address: 17100 S.W. 48th Court

Miramar, Fl 33027

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Marilyn Horgan
Address: 16810 S.W. 49th Court
Miramar, FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marilyn Horgan
Address: 16810 S.W. 49th Court
Miramar, FL 33027

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

[Signature]
Required Signature of Registered Agent

10/22/13
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.

[Signature]
Required Signature of Incorporator

10/22/13
Date