

N1300000140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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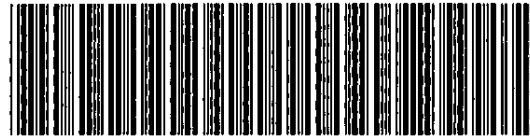
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Jimmy Falzone Scholarship Benefit, 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: Shirley A Mabie
Name (Printed or typed)

230 East Tall Oaks Circle
Address

Palm Beach Gardens, FL 33410
City, State & Zip

561-351-0699
Daytime Telephone number

samabie@comcast.net
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: Jimmy Falzone Scholarship Benefit, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
230 East Tall Oaks Circle
Palm Beach Gardens, FL
33410

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To offer a music scholarship to a student who needs financial support.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shirle A. Mabie, Pres.
Address: 230 East Tall Oaks Circle
Palm Beach Gardens, FL
33410

Name and Title: Alton Davis, Vice Pres.
Address: 11385 Indian Shore Dr.
West Palm Beach, FL
33408

Name and Title: Pat Copeland, Director
Address: 10000 Meridian Way
No. 7
Palm Beach Gardens, FL 33410

Name and Title: Jane H. Pottratz Director
Address: 356 Golfview Rd. #1010
North Palm Beach, FL
33408

Name and Title: Lisa Howell, Secretary/Treasurer
Address: 6032 Heather Street
Jupiter, FL 33458

Name and Title: _____
Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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: Shirle A. Mabie

Address: 230 East Tall Oaks Circle
Palm Beach Gardens, FL 33410

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shirle A. Mabie

Address: 230 East Tall Oaks Circle
Palm Beach Gardens, FL 33410

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

Shirle A. Mabie
Required Signature of Registered Agent

11/1/13
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.

Shirle A. Mabie
Required Signature of Incorporator

11/1/13
Date