

N14 000003629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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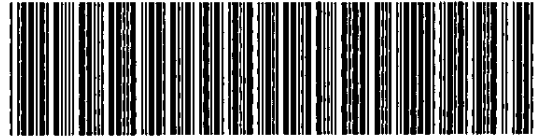
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-15-14
JMS

COVER LETTER

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

SUBJECT: NORTH PORT KITCHEN BAND 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: NORTH PORT KITCHEN BAND
Name (Printed or typed)

5328 KULA COURT
Address

NORTH PORT, FL. 34287
City, State & Zip

941 426 5328
Daytime Telephone number

Molsz@aol.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: NORTH PORT KITCHEN BAND, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5328 Kula Court

North Port, Florida

34287

Mailing address, if different

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: make money to donate to the City's Food Bank, and
to give said money to St. Vincents DePaul of San Pedro Church in North Port.
We make these donation during the month of Dec.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: We meet on Mondays, for

practice and any business . We are seasonable and meet from Oct. to April.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mary Ann Olszewski: coordinator

Address: 5328 Kula Court
North Port, Florida
34287

Name and Title:

Address:

Dez Neely, Secy
5035 PALERNA BLVD
NORTH PORT, FL 34287
Secy

Name and Title: Ed Galik

Address: 5744 Holiday Park Blvd
North Port, FL 34287

Name and Title:

Address:

Susan West
5046 Palerna Blvd.
North Port FL 34287

Name and Title: President

Address:

Name and Title:

Address:

Vice President

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: Mary Ann Olszewski
Address: 5328 Kula Court
North Port, Florida, 34287

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: North Port Kitchen Band, Inc.
Address: 5328 Kula Court
North Port, Florida, 34287

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TALLAHASSEE, FLORIDA

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

Mary Ann Olszewski
Required Signature of Registered Agent

Apr. 7- 2014
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.

Mary Ann Olszewski - coordinator
Required Signature of Incorporator

April 7, 2014
Date