

N14000004463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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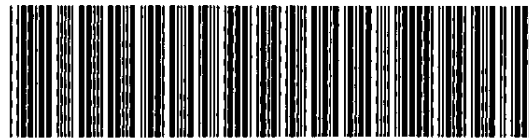
(Business Entity Name)

(Document Number)

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14 MAY -8 PM 4:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: League of Women Voters of Citrus County
(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: Dorothy Carson
Name (Printed or typed)

5295 S Alligator Pl
Address

Floral City FL 34436
City, State & Zip

352/726-8085
Daytime Telephone number

dcarson22@hotmail.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: League of Women Voters of Citrus County Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5295 S Alligator Pl

Floral City FL 34436

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: promote political responsibility through
informed and active participation in government and to act on selected
governmental issues

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

Election by ballot, except if there is only one nominee for an office it shall be by voice vote. A majority vote shall constitute election

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marie Pettibone, President

Address: 526 E Epson Ct
Hernando FL 34442

Name and Title: Kathe Betsko, Vice President

Address: 19 Livingstone Daisey
Homosassa FL 34446

Name and Title: Dorothy Carson, Treasurer

Address: 5295 S Alligator Pl
Floral City FL 34436

Name and Title: Kate Smith, Secretary

Address: 6078 S Hancock Rd
Homosassa FL 34448

Name and Title: Linda Myers, Membership

Address: 5106 Yearling Dr
Beverly Hills FL 34465

Name and Title: Jan Hall, Publicity/Media

Address: P. O. Box 466
Floral City FL 34436

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Name and Title: Sheila Jacobs, Local Observer Name and Title: _____
 Address: 1070 S Softwind Loop Address: _____
Lecanto FL 34461 _____

 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: Dorothy Carson
 Address: 5295 S Alligator Pl
Floral City FL 34436

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dorothy Carson
 Address: 5295 S Alligator Pl
Floral City FL 34436

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

Dorothy A Carson
 Required Signature of Registered Agent

5/5/2014
 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.

Dorothy A Carson
 Required Signature of Incorporator

5/5/2014
 Date