

NA00000A635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

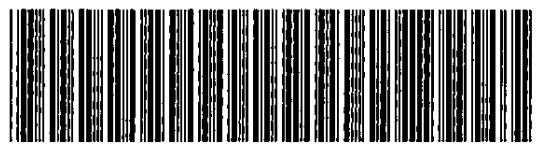
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Sanddollar By The Sea, 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: Julie Condon
Name (Printed or typed)

8520 Gulf Blvd. #31
Address

NAVARRE, FL 32566
City, State & Zip

580 933 6121
Daytime Telephone number

therealjilcgull@aol.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: Sanddollar By The Sea, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

8520 Gulf Blvd #31
Navarre, FL 32566

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To increase awareness of physical, sexual or emotional abuse by working within the community To promote information-sharing, special events and activities.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: by 2/3 vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julie Condon, Pres Name and Title: Tom Cowles, Vice Pres

Address: 8520 Gulf Blvd Address: 8520 Gulf Blvd
#31 #31
Navarre, FL 32566 Navarre, FL 32566

Name and Title: Bobbie Harms Name and Title: _____

Address: 1434 Bahia DR Address: _____
Navarre, FL 32566
Treasurer

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE FLORIDA

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: Julie Condon

Address: 8520 Gulf Blvd #31
Navarre, FL 32566

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bobbie Harms

Address: 1434 Bahia Drive
Navarre, FL 32566

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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

② Julie L. Condon
Required Signature of Registered Agent

May 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.

Bobbie Harms
Required Signature of Incorporator

May 7, 2014
Date