

N140000007309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

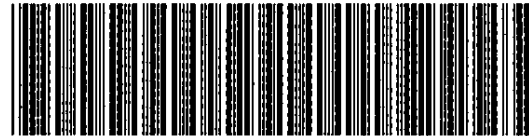
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SECRETARY OF STATE  
DIVISION OF REVENUE

## COVER LETTER

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

SUBJECT: **Melvil Dewey Museum, 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: **Nancy T. Sanders**

Name (Printed or typed)

**P.O. Box 1071**

Address

**Lake Placid, FL 33862**

City, State & Zip

**863-259-7340**

Daytime Telephone number

**nancytsanders@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: Melvil Dewey Museum, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

104 Happiness Avenue

Lake Placid, FL 33852

Mailing address, if different is:

P.O. Box 1071

Lake Placid, FL 33862

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to obtain, secure, preserve and display  
photos, documents, artifacts and properties pertaining to Melvil Dewey and  
to the people, places, things and time period associated with him; and, to  
provide educational opportunities related to Melvil Dewey and the people,  
places, things and time period associated with him.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: as per  
corporate bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Nancy T. Sanders, Pres

Address: P.O. Box 1071  
Lake Placid, FL 33862

Name and Title: Benjamin F. Sanders, Treas.

Address: P.O. Box 1071  
Lake Placid, FL 33862

Name and Title: Alison Frank Bowen, VP

Address: 1880 8th Avenue  
San Francisco, CA 94122

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Jessica Frank Weathers, Secty

Address: 12076 Morningside  
Louisville, KY 40229

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

14 AUG - 4 AM 11: 47

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: Nancy T. Sanders

Address: 104 Happiness Avenue  
Lake Placid, FL 33852

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nancy T. Sanders

Address: P.O. Box 1071  
Lake Placid, FL 33862

*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*

Nancy T. Sanders  
Required Signature of Registered Agent

August 1, 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.*

Nancy T. Sanders  
Required Signature of Incorporator

August 1, 2014  
Date

RECEIVED  
DIVISION OF CORPORATE  
REGISTRATION  
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