

N4000007842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

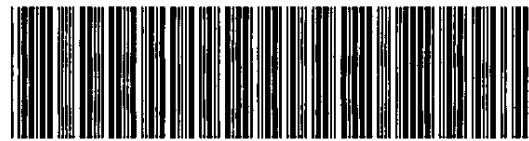
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(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: NEW TAMPA GRADS, 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: SHARON JOHNSON
Name (Printed or typed)

8320 PONKAN ROAD
Address

LAND O LAKES, FLORIDA 34637
City, State & Zip

561-734-5616
Daytime Telephone number

Sharon@sbj1.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: NEW TAMPA GRADS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

8320 Pankam Road
Land O Lakes, Fl. 34637

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Social Club

14 81621
12 91621
AH
1:1
2019

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

Directors shall be members in good standing and will be elected by a majority vote of the general membership present for a term of one year.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President
Florence Bronner

Address: 9141 Highland Ridge Way
Tampa, Fl. 33647

Name and Title: Wanda Crouse, First V.P.
13911 Wellesford Way
Tampa, Fl. 33624

Name and Title: Judy Peters, Secretary
13819 Cypress Village Circle
Tampa, Fl. 33618

Name and Title: Freda Todd, President

Address: 8605 Navajo Ave.
Temple Terrace, Fl. 33637

Name and Title:

Hazel Robles, 2nd V.P.
13921 Lake Magdalene Blvd.
Tampa, Fl. 33618

Address:

Name and Title:

Address:

Sharon Johnson, Treasurer
8320 Pankam Road
Land O Lakes, Fl. 34637

Name and Title: Jenny Bouchard 3rd V.Pres Name and Title: Nancy Ocegan 3rd V.Pres
Address: 18911 Saint Laurent Dr. Address: 3710 Haverhill Drive
Hurts, Fl. 33658 Tampa, Fl. 33618

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: Sharon Johnson
Address: 8320 Ponkan Road
Land O Lakes, Fl. 34631

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Sharon Johnson
Address: 8320 Ponkan Road
Land O Lakes, Fl. 34631

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

Sharon Johnson

Required Signature of Registered Agent

7/22/14

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.

Sharon Johnson

Required Signature of Incorporator

7/22

Date

14 AUG 21 AM 7:42
THE LEHIGH VALLEY
TELEGRAPH COMPANY