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(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/4/14

COVER LETTER

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

SUBJECT: Wildcat Orchestra Booster 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: Jennifer Salman

Name (Printed or typed)

6505 SW 55 Terrace

Address

Miami, FL 33155

City, State & Zip

305 302 0290

Daytime Telephone number

jennifers@ssharchitects.net

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

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: Wildcat Orchestra Booster Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6750 Southwest 60 Street

Miami, FL 33143

Mailing address, if different is: 14 SEP -2 PM 4: 29

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The specific purpose of the corporation is to support the students, parents, teachers and administrative staff of the South Miami Middle School Music Magnet Program by recruiting volunteers, conducting programs and raising funds.
The corporation is organized and will be operated exclusively for charitable and educational purposes within the meaning of 501 (c)(3) of the Internal Revenue Code. (All references to sections in these Articles refer to the Internal Revenue Code of 1986 as amended or to comparable sections of subsequent internal revenue laws.)

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

As provided for in the Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Monica Linke Cesami President

Address: 7390 SW 79 Ct.
Miami, FL 33143

Name and Title: Wendy Luan Treasurer

Address: 14449 SW 12 Lane
Miami, FL 33184

Name and Title: Jennifer Salman Vice President

Address: 6505 SW 55 Terrace
Miami, FL 33155

Name and Title: Natalia Martens Secretary

Address: 6605 SW 69th ave
Miami, FL 33143

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Jennifer Salman

Address: 6505 SW 55 Terrace

Miami, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wendy Luan

Address: 14449 SW 12 Lane

Miami, FL 33184

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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

Jenif Salman

Required Signature of Registered Agent

26 Aug 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.

Wendy Luan

Required Signature of Incorporator

08/27/2014

Date