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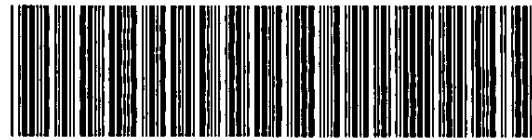
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OCT 29 2014

T. SCOTT



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10/28/14--01016--005 **78.75

OCT 28 PM 12:00

SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

COVER LETTER

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

SUBJECT: Tallahassee Vegetarian Community, 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 Sutton

Name (Printed or typed)

572 E Call St

Address

Tallahassee, FL 32301

City, State & Zip

678-910-5599

Daytime Telephone number

sutton.julie@gmail.com

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

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Tallahassee Vegetarian Community, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
572 E Call St

Mailing address, if different is:

Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in educational activities about the benefits of a vegetarian lifestyle, including health and wellness, the environment and animal protection.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:
Appointed by the president.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julie Sutton, President

Address: 572 E Call St
Tallahassee, FL 32301

Name and Title: Colin Barton, Director

Address: Tallahassee, FL

Name and Title: Kimberly Hattaway, Director

Address: Tallahassee, FL

Name and Title: Julia Inglis, Director

Address: Tallahassee, FL

Name and Title: Sally Sanders, Director

Address: Tallahassee, FL

Name and Title:

Address:

OCT 28 PM 12:00

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 Sutton
Address: 572 E Call St
Tallahassee, FL 32301

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Julie Sutton
Address: 572 E Call St
Tallahassee, FL 32301

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

Julie Sutton
Julie Sutton Required Signature of Registered Agent

10/23/14
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.

Julie Sutton
Julie Sutton Required Signature of Incorporator

10/23/14
Date