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TALLAHASSEE FLORIDA

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## COVER LETTER

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

SUBJECT: Greater Orlando Tea Party, 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: Cindy R. Youell  
Name (Printed or typed)

351 Prima Vera Cove  
Address

Altamonte Springs, Fl. 32714  
City, State & Zip

407-694-6696  
Daytime Telephone number

cyouinf1@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: Greater Orlando Tea Party, Inc.

**ARTICLE II PRINCIPAL OFFICE**

(otherwise, hereafter known as GOTP)

Principal street address:

Mailing address, if different is:

351 Prima Vera Cove  
Altamonte Springs, Fl.  
32714

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to promote patriotic and civic awareness through social and educational platforms.  
GOTP is not a political party; it is a nonpartisan, nonprofit organization that advocates limited government, fiscal responsibility, and free markets. GOTP advocates adherence to the federal and state constitutions to further the common good and welfare of our citizens through educational ~~and other~~ forums.  
GOTP assets will be used to support its function as an organization.

**ARTICLE IV MANNER OF ELECTION**

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

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

Name and Title:	<u>Cindy Youell,</u> <u>President</u>	Name and Title:	<u>Timothy Youell,</u> <u>Advisor</u>
Address	<u>351 Prima Vera Cove</u> <u>Altamonte Springs,</u> <u>Fl. 32714</u>	Address:	<u>351 Prima Vera Cove</u> <u>Altamonte Springs,</u> <u>Fl. 32714</u>
Name and Title:	<u>Diana Evans,</u> <u>Vice President</u>	Name and Title:	
Address	<u>P.O. Box 181708</u> <u>Casselberry, Fl.</u> <u>32718</u>	Address:	
Name and Title:		Name and Title:	
Address		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: Cindy Youell

Address: 351 Prima Vera Cove  
Altamonte Springs, Fl. 32714

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Cindy Youell

Address: 351 Prima Vera Cove  
Altamonte Springs, Fl. 32714

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

Cindy Youell

Required Signature of Registered Agent

Cindy Youell

12/8/14

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.

Cindy Youell

Required Signature of Incorporator

Cindy Youell

12/8/14

Date

14 DEC 15 PM 2:10  
STATE  
TALLAHASSEE, FLORIDA