

N15000000708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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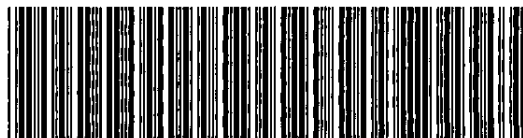
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 JAN 20 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1-32-15

## COVER LETTER

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

SUBJECT: CENTRAL Florida Modern Quilt Guild  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INC

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: CARLA C. SCOBBY  
Name (Printed or typed)

1888 SASSPARILLA  
Address

The Villages, FL 32162  
City, State & Zip

352-633-2072  
Daytime Telephone number

VILLAGES 12 @ 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: CENTRAL FLORIDA Modern Quilt Guild, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

KAREN ESTEP  
1511 CERVANTES PL. P.O. Box 1355  
The Villages, FL. 32159

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THE CENTRAL FLORIDA MODERN QUILT  
Guild, Inc. supports and encourages the growth and  
development of modern quilting through art  
education and community

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TALLAHASSEE, FLORIDA

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: ANNUAL  
NOMINATIONS - ELECTION by general membership of  
officers - see attached by laws Article VII  
**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS** NOMINATIONS & ELECTIONS

Name and Title: KAREN ESTEP, Pres Name and Title: \_\_\_\_\_

Address: 1511 CERVANTES PL Address: \_\_\_\_\_

The Villages, FL. 32159

Name and Title: DEBORAH BOOKMAN, V.P. Name and Title: \_\_\_\_\_

Address: 8239 ISLEWORTH Address: \_\_\_\_\_

The Villages, FL. 32163

Name and Title: ELIZABETH SHUTTY, V.P. Name and Title: \_\_\_\_\_

Address: 9625 SE. 135<sup>th</sup> LN Address: \_\_\_\_\_

SOMERFIELD, FL 34491

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:

CARLA SCUBBY

Address:

1888 SASSPARK LLA  
The Villages, FL 32162

**ARTICLE VII INCORPORATOR**

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

Name:

SUSAN SIMONE

Address:

479 COKEBURY DR.  
The Villages, FL 32162

*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*

Carla Scubby  
Required Signature of Registered Agent

Jan. 15, 2015  
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.*

Susan Simone  
Required Signature of Incorporator

1-15-15  
Date