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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	1
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Office Use Only



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SECRETARY OF STATE



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COVER LETTER

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

SUBJECT: Rotary Club of Temple Terrace, Florida Incorporated.

(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: Nicholas M. Strippoli, II

Name (Printed or typed)

P.O. Box 16901

Address

Temple Terrace, Florida 33687-6901

City, State & Zip

813 984-0104

Daytime Telephone number

nickstrippoli2@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	comoration	chall

be: Rotary Club of Temple Terrace, Florida Incorporated

ARTICLE	II PRINCIPAL OFFICE					
8	Principal <u>street</u> address: 509 Andalucia Field Fr.	Mailing address, if different is: P.O. Box 16901				
Temple Terrace, Florida 33637-19		Temple Terrace, Florida 33687-6901				
	e for which the corporation is organized is:					
		ncourage, promote and extend the Object of Rotary, Rotary International. In so far as the provisions				
		this corporation is incorporated, shall permit,				
		onsistent with the constitution and bylaws				
	tary International.					
01110	nary international					
ADTICI F	IV MANNER OF ELECTION The manner in w	high the directors are elected and annointed:				
<i>ARTICLE</i> As provi	ided for in the Bylaws.	nich die difectors are elected and appointed.				
ARTICLE		- Zg ∵ 5				
Name and T	Title: Kathleen Armstrong, President Elect Name and	d Title: Hazel Hall, Secretary				
Address	6217 S. Queensway Dr Address:					
	Temple Terrace, Fl 33617	Temple Terrace, FI 336간의 포 다				
		2: 5				
Name and T	Steve Amidei, Vice President Name and					
Address	6218 N. Queensway Dr Address:	10906 Victoria Arbor Way				
	Temple Terrace, Fl 33617	Temple Terrace, Fl 33617				
vame and T	Name and Name and	t Title: Jerry Iwerks, Director				
Address	626 Druid Hills Rd. Address:	7826 Bullara				
	Temple Terrace, Fl 33617	Temple Terrace, FI 33617				

Name and Title	Fr. Edward Scully, Director	Name and Title	Dr. John Malone, D	irector		
Address	704 113th Ave. Address: 818 Gascon Place		е			
	Temple Terrace, FI 33617		Temple Terrace, Fl	33617		
Name and Title:						
ARTICLE VI The name and I Name: Address:	REGISTERED AGENT Florida street address (P.O. Box NOT acception of the company of	rive	stered agent is:	SECRETARY OF S	15 FEB -6 PM 12:	FILED
	remple remace, monda o			ACIE JUNE	2: 57	
ARTICLE VII	INCORPORATOR address of the Incorporator is:					
Name:	Nicholas M. Strippoli, II				•	
Address:	P.O. Box 16901					
Address.	Temple Terrace, Florida 33687	7-6901				
Having been na certificate, I am	med as registered agent to accept service of familiar with and accept the appointment as	of process for the registered agent	above stated corporation at and agree to act in this capac	the place de ity	signate:	l in this
	MI		2	-2	-/.	5
-	Required Signature of Registered	Agent		Date		
	cument and affirm that the facts stated herei			on submitte	d in a de	cument
w ine vepuri n e:	nt of State constitutes a third degree felony a	is provided for in	3101/1103, 1 up	-1-	-15	
	Required Signature of Incorp	orator		Date		