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(Reque	estor's Name))
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Filin	ng Officer:	<u>-</u>

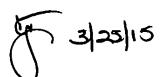
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15 MAR 23 PH 1: 09
SECRETARY OF STATE
ALL MINISSEE, FLORIDA



COVER LETTER

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

SUBJECT: Valencia Lakes Women's Quilting Club, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

		_							
Enclosed is an	Aricinal an	d ana (1	1 00-	aftha A	l milana af I		a	alaala fa	
CHUIOSCU IS AII	ו ווא וואווענוט ו	uoneti	J COHV	on me a	arncies or i	ncorporation	and a	eneck to	т -

□ \$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

EPOM. Deborah Martin-Cohen

Name (Printed or typed)

4918 Sandy Brook Cr.

Address

Wimauma, FL 33598

City, State & Zip

508-559-3685

Daytime Telephone number

debrina0424@yahoo.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 Corporation shall be: Valencia Lake	es Womer	م من کا الله المرکز کار الله ا	,
			Mailing address, if different is:	8
ARTICLE II	PRINCIPAL OFFICE			4/:
4918	Principal <u>street</u> address: 3 Sandy Brook Cr.		Mailing address, if different is:	~ Q %. `
	nauma, FL 33598			}
ARTICLE III The purpose for	PURPOSE r which the corporation is organized is:	ır purpose	is to provide charitable quilting	
			spitals, shelters for women	
and child	lren, and seniors citizen fa	cilities in t	he community.	
ARTICLE IV	MANNER OF ELECTION The ma	anner in which the	directors are elected and appointed:	
As set forth	n in the bylaws			
ARTICLE V	INITIAL OFFICERS AND/OR DI	RECTORS		
Name and Title	Deborah Martin-Cohen, President	Name and Title:	Norma Sanchez, Treasurer	
Address	4918 Sandy Brook Circle	Address:	16124 Cape Coral Drive	
. radi ess	Wimauma, FL 33598	. • • • • • • • • • • • • • • • • • • •	Wimauma, FL 33598	
Name and Title	Diane Keller, Secretary	Name and Title:		
Address	16204 Amethyst Key Drive			
, Ida (88	Wimauma, FL 33598			
Name and Title	:	Name and Title:		
Address		Address:		
		•		
				

	: Name and Titl	e:			
Address	Address:	· 			
	···				
Name and Title:	: Name and Titl	3:			
Address	Address:				
ARTICLE VI The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the reg Deborah Martin-Cohen	istered agent is:			
Name:					
Address:	4918 Sandy Brook Circle				
	Wimauma, FL 33598				
ARTICLE VII	INCORPORATOR address of the Incorporator is:				
Name:	Deborah Martin-Cohen				
Address:	4918 Sandy Brook Circle				
	Wimauma, FL 33598				
	familiar with and accept the appointment as registered age	ne above stated corporation at the place designated in this nt and agree to act in this capacity			
	Deborah Martin-Cohen	March 24, 2015			
	Required Signature of Registered Agent	Date			
	cument and affirm that the facts stated herein are true. I an ent of State constitutes a third degree felony as provided for t	n aware that any false information submitted in a document n s.817.155, F.S.			
	Deborah Martin-Cohen	March 24, 2015			
	Required Signature of Incorporator	Date			

