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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/25/15

## 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 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: 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)

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

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
4918 Sandy Brook Cr.

Wimauma, FL 33598

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Our purpose is to provide charitable quilting  
and sewing to disabled veterans, children hospitals, shelters for women  
and children, and seniors citizen facilities in the community.

**ARTICLE IV    MANNER OF ELECTION**

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

As set forth in the bylaws

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

Name and Title: Deborah Martin-Cohen, President

Address 4918 Sandy Brook Circle  
Wimauma, FL 33598

Name and Title: Norma Sanchez, Treasurer

Address: 16124 Cape Coral Drive  
Wimauma, FL 33598

Name and Title: Diane Keller, Secretary

Address 16204 Amethyst Key Drive  
Wimauma, FL 33598

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Deborah Martin-Cohen  
Address: 4918 Sandy Brook Circle  
Wimauma, FL 33598

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Deborah Martin-Cohen  
Address: 4918 Sandy Brook Circle  
Wimauma, FL 33598

*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*

*Deborah Martin-Cohen*

March 24, 2015

Required Signature of Registered Agent

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.*

*Deborah Martin-Cohen*

March 24, 2015

Required Signature of Incorporator

Date

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TALLAHASSEE, FLORIDA