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SECRETARY OF STATE
DIVISION OF CORPORATIONS

*2025
*CL

4/11/15

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

SUBJECT: IRMS Music Booster 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: Kelly Rhynold
Name (Printed or typed)

9904 South Abiaca Circle
Address

DAVIE, FL. 33328
City, State & Zip

954-723-9239
Daytime Telephone number

RhyKel9e Gmail. Com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: IRMS Music Booster Club, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

9904 South Abiaca Circle

DAVIE, FL

33328

Mailing address, if different is:

1355 South Nob Hill Road

DAVIE, FL

33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to support the IRMS Music
booster Club and band director by doing the work
necessary to achieve and maintain a non-profit status
as described in Section 501(c)(3) and exempt from
taxation under Section 501(c) of the IRS Code. It shall
be non-partisan, non-shareholding, non-commercial, and
non bargaining.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: by ballot
and elected by a plurality of votes for a 2 (one) year term.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle Clemente - President Name and Title: Emma Lolus - Secretary

Address: 10160 SW 20th Street Address: 2751 SW 109 Terrace
DAVIE, FL 33324 DAVIE, FL 33328

Name and Title: Pamela Bloom Pugliese - VP Name and Title: Kelly Rhynold - Treasurer

Address: 11620 E. Oak Knoll Circle Address: 9904 S. Abiaca Circle
DAVIE, FL 33324 DAVIE, FL 33328

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: Kelly Rhynold
Address: 9904 South Abiaca Circle
DAVIE, FL 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michelle Clemente
Address: 10160 SW 20th Street
Davie, FL 33324

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Kelly Rhynold
Required Signature of Registered Agent

6/01/15
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.

Michelle Clemente
Required Signature of Incorporator

06/01/15
Date