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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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T SCHROEDER

## COVER LETTER

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

**SUBJECT:** Florida GoT Cosplayers, 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:** Troy Whigham

\_\_\_\_\_  
Name (Printed or typed)

3414 W. Santiago Street

\_\_\_\_\_  
Address

Tampa, FL 33629

\_\_\_\_\_  
City, State & Zip

813-334-1520

\_\_\_\_\_  
Daytime Telephone number

troywhigham@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**

The name of the corporation shall be: Florida GoT Cosplayers, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
816 Park Hill Avenue

Lakeland, FL 33801

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: for social, charitable, philosophical, educational, and scientific purposes  
intended for the benefit of the general public; utilizing themes based upon the novel series by George RR Martin and the  
television program(s) derived from it.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: by popular vote

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

Name and Title: Elizabeth Martinez, President

Address: 8609 North 15th Street, Unit B  
Tampa, FL 33609

Name and Title: Don Speirs, Secretary

Address: 816 Park Hill Avenue  
Lakeland, FL 33801

Name and Title: David Mansfield, VP-Marketing

Address: 5033 East Lakes Drive  
Pompano Beach, FL 33064

Name and Title: Miekel Morris, VP-Social Media Mktg

Address: 5281 Cane Island Loop, #304  
Kissimmee, FL 34746

Name and Title: George Hachtel, Treasurer

Address: 255 Par Pines Blvd  
Davenport, FL

Name and Title: Troy Whigham, VP-Legal

Address: 3414 W. Santiago Street  
Tampa, FL 33629

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CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
FLORIDA

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: Don Speirs  
Address: 816 Park Hill Avenue  
Lakeland, FL 33607<sup>DS</sup> 33801

**ARTICLE VII INCORPORATOR**

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

Name: Troy Whigham  
Address: 3414 W. Santiago Street  
Tampa, FL 33629


**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.)

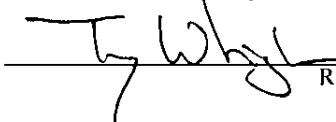
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature of Registered Agent

5-29-15  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

May 22, 2015  
Date

FILED  
2015 JUN -8 P 2:04  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA