

WIS000007325

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

WIS000043772

JUL 28 2015

T. SCOTT



000274034760

06/22/15--01055--004 **70.00

15 JUL 27 AM 10:20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2015

RECEIVED JUL 27 2015

ALAN KITTY
688 SHADOW BAY WAY
OSPREY, FL 34229

SUBJECT: MARK TWAIN EDUCATION SOCIETY OF SARASOTA AND
MANATEE COUNTY, INC
Ref. Number: W15000043772

We have received your document for MARK TWAIN EDUCATION SOCIETY OF SARASOTA AND MANATEE COUNTY, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 615A00014195

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

(12)

Mark Twain Education Society of ~~Sarasota and Manatee~~ County, Inc.

SUBJECT:

(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: Alan Kitty
Name (Printed or typed)
688 Shadow Bay Way
Address
Osprey, FL 34229
City, State & Zip
908-310-2117
Daytime Telephone number
marktwain.ajk@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

Mark Twain Education Society of Sarasota and Manatee County, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address:
688 Shadow Bay Way

Osprey, FL 34229

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To develop, produce and deliver Educational Entertainment programs to young and adult audiences interested in continuing, supplementing or enhancing their education.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed by Founders

EXECUTIVE DIRECTOR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alan Kitty, Executive Director

Address: 688 Shadow Bay Way

Osprey, FL 34229

Name and Title:

Address:

Name and Title:

Address:

15 JUL 27 AM 10:20

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: Alan Kitty

Address: 688 Shadow Bay Way

Osprey, FL 34229

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alan Kitty

Address: 688 Shadow Bay Way

Osprey, FL 34229

ARTICLE VIII EFFECTIVE DATE:

July 28, 2015 (A-20)

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

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

Date