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DIVISION OF CORPORATIONS
16 JAN 25 PM 3:40

02/03/16

COVER LETTER

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

SUBJECT: WEAVERS OF ORLANDO, 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: BETTY V. SCHMIDT
Name (Printed or typed)

1620 SHADY LANE
Address

GRAND ISLAND FL 32735
City, State & Zip

352-408-4796
Daytime Telephone number

BETTSCHMIDT20@GMAIL.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: WEAVERS OF ORLANDO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1620 SHADY LANE
GRAND ISLAND, FL 32735

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE OF THE GUILD SHALL BE TO
STIMULATE INTEREST IN THE WEAVING ARTS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: 2 YEAR
TERMS ELECTED BY THE MEMBERSHIP

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>MARYANN L. SCHMUTE</u>	Name and Title:	<u>CYNTHIA G. LANDERS, SECY</u>
Address	<u>PRESIDENT</u>	Address:	<u>13855 GINGER CREEK BLVD</u>
	<u>24321 MILFORD DR</u>		<u>ORLANDO, FL 32826</u>
	<u>EUSTIS, FL 32736</u>		

Name and Title:	<u>BETTY L. SCHMIDT, TREAS</u>	Name and Title:	
Address	<u>1620 SHADY LANE</u>	Address:	
	<u>GRAND ISLAND, FL 32735</u>		

Name and Title:		Name and Title:	
Address		Address:	

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: BETTY L. SCHMIDT

Address: 1620 SHADY LAKE
GRAND ISLAND FL 32735

ARTICLE VII INCORPORATOR

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

Name: CYNTHIA STARR

Address: 902 VILLAGE GREEN RD
DELAND FL 32720

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

Betty L. Schmidt
Required Signature of Registered Agent

1/16/14
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.

[Signature]
Required Signature of Incorporator

1.16.16
Date

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