

N 160000001392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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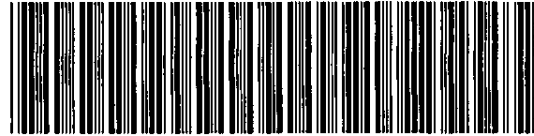
(Business Entity Name)

(Document Number)

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2/11/16

COVER LETTER

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

SUBJECT: Hernando County Retired Teachers Association, 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: Alan R. Solomon
Name (Printed or typed)

6017 Forest Creek Dr.
Address

Brooksville, FL 34601
City, State & Zip

352-232-0952 (c)
Daytime Telephone number

solomona52@gmail.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: Hernando County Retired Teachers Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6017 Forest Creek Dr.

Brooksville, FL 34601

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to promote the well-being of retired educators, to encourage community involvement through volunteerism, and to support quality education in Florida.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: nominating comm., biannual elections by majority of members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Emily Berry - Pres. Name and Title: Alan R. Solomon - Treas.

Address: 4395 Caliquen Dr. Address: 6017 Forest Creek Dr.
Brooksville, FL 34604 Brooksville, FL 34601

Name and Title: Suzanne K. Atkins - V.P. Name and Title: _____

Address: 8196 Weatherford Ave. Address: _____
Brooksville, FL 34613

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: Emily Berry
Address: 4395 Caliquen Dr.
Brooksville, FL 34604

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ARTICLE VII INCORPORATOR

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

Name: Alan R. Solomon
Address: 6017 Forest Creek Dr.
Brooksville, FL 34601

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

Emily Berry
Required Signature of Registered Agent

1/25/16
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.

Alan R. Solomon
Required Signature of Incorporator

1/25/16
Date