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COVER LETTER

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

SUBJECT: BAY AREA PROFESSIONAL WRITERS GUILD, INCORPORATED
(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: STEPHEN J. TRAIMAN
Name (Printed or typed)
420 64th Avenue, Suite 706
Address
St. Pete Beach FL 33706-2167
City, State & Zip
727-798-4746
Daytime Telephone number
traimancreativecopy@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: BAY AREA PROFESSIONAL WRITERS GUILD, INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address:
420 64th Avenue, Suite 706

Mailing address, if different is:

St. Pete Beach FL 33706-2167

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: exclusively not for profit: to provide resources to students and new writers with an interest in a professional career; to further the education, expansion and appreciation of the arts within our community; and to serve and support our members to further their careers.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The affairs of the Corporation shall be managed by a Board of no less than three (3) individuals, who shall be selected in the manner of the Bylaws of the Corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEPHEN J. TRAIMAN, PRESIDENT
Address: 420- 64TH AVE, SUITE 706
ST PETE BEACH FL 33706

Name and Title: BONNIE QUICK, SECRETARY
Address: 6800 PARK STREET S, APT 409
SOUTH PASADENA FL 33707

Name and Title: MELVIN (BUDDY) BAKER, TREASUR
Address: 5610 56TH TERRACE NORTH
ST PETERSBURG FL 33709

Name and Title: PHYLLIS JOHNSON, DIRECTOR
Address: 1 WINDRUSH BLVD, #55
INDIAN ROCKS BEACH FL 33785

Name and Title: LOUISE HARRIS, DIRECTOR
Address: 1640 83RD AVENUE NORTH
ST PETERSBURG FL 33702

Name and Title: BETH HOVIND, DIRECTOR
Address: 1996 WHISPERING WAY
TARPON SPRINGS FL 34689

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TALLAHASSEE, 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: STEPHEN J. TRAIMAN
Address: 420 64TH AVE, SUITE 706
ST PETE BEACH FL 33706

ARTICLE VII INCORPORATOR

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

Name: STEPHEN J. TRAIMAN
Address: 420 64TH AVE, SUITE 706
ST PETE BEACH FL 33706

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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

Stephen J. Traiman
Required Signature of Registered Agent

June 17, 2016
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.

Stephen J. Traiman
Required Signature of Incorporator

June 17, 2016
Date