

N16000006739

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## COVER LETTER

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

SUBJECT: The Sebastian Quilters, 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: The Sebastian Quilters, Inc.  
Name (Printed or typed)

P. O. Box 780924

Address

Sebastian, FL 32958

City, State & Zip

(772) 589-1189

Daytime Telephone number

thesebastianquilters@gmail.com  
E-mail address: (to be used for future annual report notification)

Place of Business:

1245 Main St.  
Sebastian, FL  
32958

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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: The Sebastian Quilters, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1245 Main St.

Sebastian, FL

329<sup>7</sup>8

Mailing address, if different is:

P.O. Box 780924

Sebastian, FL 32978

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of this organization is to promote knowledge of and interest in the art of quilt making and other needle art involvement in community outreach programs.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

elected at the November business meeting.

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

Name and Title: Nathalie Arribas, President Name and Title: Sue Longobricco, Vice President

Address: 412 Bywood Ave.  
Sebastian, FL 32958

Address: 152 Briardiff Circle  
Sebastian, FL 32958

Name and Title: Sally Sager, Secretary

Address: 402 Toledo St.  
Sebastian, FL 32958

Name and Title: Lucille Brugger, Treasurer

Address: 988 Devon Ave.  
Sebastian, FL 32958

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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: Lucille Brugger

Address: 988 Devon Ave.  
Sebastian, FL 32958

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nathalie Arribas

Address: 412 Bywood Ave.  
Sebastian, FL 32958

**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*

Lucille Brugger  
Required Signature of Registered Agent

6-23-2016  
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.*

Nathalie Arribas  
Required Signature of Incorporator

6-23-2016  
Date

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