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COVER LETTER

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

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SUBJECT:

Patchers of Time Quilt Guild, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

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\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy **\$87.50** Filing Fee, Certified Copy & Certificate

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ADDITIONAL COPY REQUIRED

FROM: <u>Aqtchers of Time Guilt Guild</u>, Inc. Name (Printed or typed)

POBOX 701906 Address StCloud, FL 31 City State &

<u>34770</u> City, State & Zip

<u>407 - 361 - 0973</u> Daytime Telephone number

POTOGuilda 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)

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<u>ARTICLE I NAME</u> The name of the corporation shall be: PATC	CHERS OF TIME QUILT GUILD, INC
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RTTCLE I	PRINCIPAL OFFICE				
	Principal street address:		Mailing address, if different is:	<u></u>	51
241	I E IRLO BRONSON MEMORIAL H	WY PO	BOX 701906	,	
KI	SSIMMEE, FLORIDA 34744	SA	INT CLOUD, FLORIDA 34770	بن 	· · ·
<u></u>		<u></u>	······································		
		·····		<u></u>	
RTICLE I.	II <u>PURPOSE</u>			رد ا	up :
ne purpose	for which the corporation is organized	is:	e of quiting, provide workshops and meet	ings for	
ganizatior	and to provide community service in the	he area of quilting (i.e. F	roject Linus)		
					•
<u> </u>					
			<u></u> . <u></u> .		
				nor	niw
<u>RTICLE I</u>	<u>V MANNER OF ELECTION The</u>	manner in which the dire	ctors are elected and appointed:		-
Noven	ber, elected in Necember	and take office	in January for a one year	term,	
<u>RTICLE V</u>	<u>/ INITIAL OFFICERS AND/OR DI</u>	KECIUKS			
ame and T	Sheryl Scott, President	Name and Title	Debbie Kirby, Vice President		
ddress	4944 Lazy Oaks Way	Address:	2640 First Avenue		
	StCloud, Florida 34771		Palm Baym Florida 32905		
			, , ,		
ame and T	Beverly Jackson, Treasurer	Name and Title	Melanie Moore, Secretary		
ddress	1665 Jan Lan Blvd	Address:	3160 Settlers Trail		
	St CLoud, FLorida 34772		St Cloud, Florida 34772		
ame and T	itle:	Name and Title			
ddress		Address:			
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Name and Title:	Name and Title:	
Address	Address:	
- Jame and Title: Address	Name and Title: Address:	
-	·	
I <i>RTICLE VI</i> he <u>name and F</u>	<u>REGISTERED AGENT</u> Iorida street address (P.O. Box NOT acceptable) of the registered agent is:	
	Iorida street address (P.O. Box NOT acceptable) of the registered agent is: Sherry B Peck	
he <u>name and F</u>	Iorida street address (P.O. Box NOT acceptable) of the registered agent is:	
he <u>name and F</u> Name: Address: I RTICLE VII	Iorida street address (P.O. Box NOT acceptable) of the registered agent is: Sherry B Peck 2390 Sweetwater Blvd St Cloud, FL 34772 34772	יייי ח נח
he <u>name and F</u> Name: Address: I RTICLE VII	Sherry B Peck 2390 Sweetwater Blvd St Cloud, FL 34772	יייי ח נח
he <u>name and F</u> Name: Address: R <i>TICLE VII</i> he <u>name and a</u> Name:	Invide street address (P.O. Box NOT acceptable) of the registered agent is: Sherry B Peck 2390 Sweetwater Blvd St Cloud, FL 34772 INCORPORATOR Eddress of the Incorporator is:	
he <u>name and F</u> Name: Address: R <i>TICLE VII</i> he <u>name and a</u>	Invide street address (P.O. Box NOT acceptable) of the registered agent is: Sherry B Peck 2390 Sweetwater Blvd St Cloud, FL 34772 INCORPORATOR Incorporator is: Sheryl Scott, President	Sigd 5-

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

.U Required Signature of Registered Agent

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.

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Required Signature of Incorporator

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