

N/16000006901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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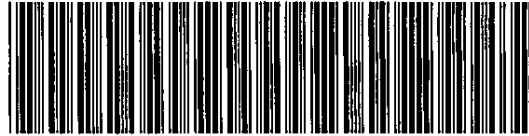
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COVER LETTER

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

SUBJECT: Palm Beach Writers Group, 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: Catherine M. Helowicz

Name (Printed or typed)

116 Tim Mara Drive

Address

Jupiter, FL 33477

City, State & Zip

561-629-2528

Daytime Telephone number

palmbeachwritersgroup@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: Palm Beach Writers Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
139 Sunrise Avenue, Unit 108

Palm Beach, FL 33480

Mailing address, if different is:
P.O. Box 864

Palm Beach, FL 33480

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Palm Beach Writers Group was created to support and encourage local writers who are published or have works in progress. In furtherance of our support mission, the PBWG has monthly in-session meetings, engages experts who speak on subjects that related to the mutual professional interests of its members, sponsor Author book signing events, holds social events, and encourages its members to improve their writing and related skills through the mutual exchange of ideas and knowledge.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: by the President and approved by the committee.

Board
A ~~committee~~ selected

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erik Brown, President

Address 139 Sunrise Avenue, Unit 108
Palm Beach, FL 33480

Name and Title: Jim Gabler, VP

Address: 146 Sunset Avenue, #3
Palm Beach, FL 33480

Name and Title: Catherine M. Helowicz

Address 116 Tim Mara Drive
Jupiter, FL 33477

Name and Title: _____

Address: _____

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: Catherine M. Helowicz

Address: 116 Tim Mara Drive
Jupiter, FL 33477

ARTICLE VII INCORPORATOR

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

Name: Catherine M. Helowicz

Address: 116 Tim Mara Drive
Jupiter, FL 33477

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

Catherine M. Helowicz
Required Signature of Registered Agent

July 1, 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.

Catherine M. Helowicz
Required Signature of Incorporator

July 1, 2016
Date

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Palm Beach, FL 33480

Name and Title: Jim Gabler, VP

Address: 146 Sunset Avenue, #3
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Name and Title: Catherine M. Helowicz

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Jupiter, FL 33477

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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