

N160000009106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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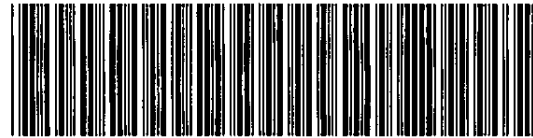
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Bartram Trail Theatre Booster 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: Traci Callaway
Name (Printed or typed)

1816 Red Hawk Ct
Address

St Augustine, FL 32092
City, State & Zip

904 860 2566
Daytime Telephone number

lumiere324@hotmail.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: Bartram Trail Theatre Booster Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

801 Marjories Way
St Augustine, FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: organized exclusively for charitable and educational purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code or distributed to Fed, state, local government for public purpose.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: majority
vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia Maxham - Pres. Name and Title: _____

Address 801 Marjorie's Way Address: _____
St Augustine, FL
32092

Name and Title: Lorrie Contreras - VP Name and Title: _____

Address 1424 Barrington Cr. Address: _____
St. Augustine, FL 32092

Name and Title: Heather Lister - Secretary Name and Title: _____

Address 1781 Highland View Dr. Address: _____
St. Augustine, FL
32092

SECRETARY OF STATE
TALLAHASSEE - FLORIDA

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FILED

Name and Title: Traci Callaway Name and Title: _____

Address 1816 Red Hawk Ct Address: _____

St Augustine, FL 32092 _____

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: Patricia Maxham

Address: 801 Marjories Way
St Augustine, FL 32092

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Traci Callaway

Address: 1816 Red Hawk Ct
St Augustine, FL 32092

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

Patricia Maxham
Patricia Maxham
Required Signature of Registered Agent

9/6/16
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.

Traci Callaway
Traci Callaway
Required Signature of Incorporator

9/6/16
Date