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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
		





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11/04/16--01011--003 **78.75

EFFECTIVE DATE 10/31/16

11/10/16

COVER'LETTER

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

SUBJECT: EHS Music H	Boosters, INC.				
SUBJECT.	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed is an original a	and one (1) copy of the Artic	eles of Incorporation and	a check for :		
_					
□ \$70.00	3 \$78.75	□ \$78.75	□ \$87.50		
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,		
	Certificate of	& Certified Copy	Certified Copy		
	Status		& Certificate		
		ADDITIONAL COPY REQUIRED			
		<u></u> _			
	Warren A. Baxter				
FROM:	Name (Printed or typed)				
	Name (Timed of typed)				
	21900 River Ranch Road				
	Address				
	Estero, FL 33928				
	City, State & Zip				
	C	my, state & Lip			

(239) 947-9400 ext. 263.

warrenab@leeschools.net

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

The name of the	e corporation shall be:	bosters, INC.			-
<u>ARTICLE II</u>	PRINCIPAL OFFICE			2016 NOV	0.55 0.35 0.35
	Principal street address:		Mailing address, if different is:	VOV	25.
2190	0 River Ranch Road	PO	Box 539	<u>-</u> -	37/2
Ester	o, FL	Este	ro, FL	3	300 C
3392	8	3392	29	2: 15	IAIL DATE
ARTICLE III	<u>PURPOSE</u>	to support the Instrum	nental Music Program at Estero High S	School v	ia
	or which the corporation is organized	is:			·
	olunteer and chaperoning activities.	···			
ARTICLE V	INITIAL OFFICERS AND/OR DI	RECTORS		_	
Name and Title	Rhonda Harper, President	Name and Title:	Jeannie Peters, Fundraising Chair		
Address	17541 Oriole Rd.	Address:	20157 Larino Loop		
	Fort Myers, FL		Estero, FL	_	
	33967		33928	_	
Name and Title				_	
	Amy MacDonald, Secretary	Name and Title:		_	
Address	c: Amy MacDonald, Secretary 18661 Oriole Rd.	Name and Title: Address:		_ _ _	
Address	e:	- -		_ _ _	
Address	18661 Oriole Rd.	- -			
Address Name and Title	18661 Oriole Rd. Fort Myers, FL 33967 Melissa McCann, Treasurer	Address:			
Name and Title	18661 Oriole Rd. Fort Myers, FL 33967 Melissa McCann, Treasurer	Address: Name and Title:			
	18661 Oriole Rd. Fort Myers, FL 33967 e: Melissa McCann, Treasurer.	Address:		 	
Name and Title	18661 Oriole Rd. Fort Myers, FL 33967 c: Melissa McCann, Treasurer. 18573 Wisteria Road	Address: Name and Title:			

	N	Name and Title:	
Address	A		
Name and Title:_	N	Name and Title:	
Address	A	Address:	
_			
	REGISTERED AGENT prida street address (P.O. Box NOT accepta	able) of the registered agent is:	
Name:	Warren A. Baxter		
Address:	10473 Corkscrew Commons Dr. Ap		m., 77 h
	Estero, FL 33928		SEU VISI VISI
	INCORPORATOR dress of the Incorporator is:		SECRETARY OF SECRE
Name:	Warren A. Baxter		>
Address:	10473 Corkscrew Commons Dr. Ap	ot. 203	2: 15
	Estero, FL 33928		Ť
Effective date, if	EFFECTIVE DATE: 10/31/201 ate is listed, the date must be specific and	6 (OPTIONAL) cannot be more than five business days prior or 90 bu	ısiness days
Note: If the date	inserted in this block does not meet the applicative date on the Department of State's record	licable statutory filing requirements, this date will not be	listed as the
		f process for the above stated corporation at the place d registered agent and agree to act in this capacity	esignated in this
	The	10/31/2016	
	Required Signature of Registered A		
	iment and affirm that the facts stated herein t of State constitutes a third degree felony as		
	· W	10/31/2016	,
-	Required Signature of Incorpo	orator Date	