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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

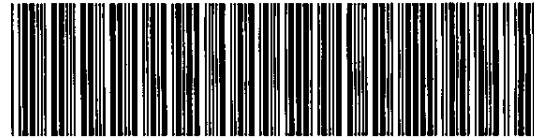
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M. MOON  
JAN 03 2017

FILED  
SECRETARY OF STATE  
JAN 17 2017  
17 JAN -3 AM 9:17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 20, 2016

KATHY C. WEED  
509 OCEAN FOREST DRIVE  
ST. AUGUSTINE, FL 32080

SUBJECT: ST. AUGUSTINE HIGH SCHOOL PTO, THE HIVE  
Ref. Number: W16000084875

RECEIVED  
SECRETARY OF STATE  
JAN 3 11 05 AM '17

We have received your document for ST. AUGUSTINE HIGH SCHOOL PTO, THE HIVE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 816A00027051

850-245-6052  
New

## COVER LETTER

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

17 JAN -3 AM 9:17

RECEIVED  
DIVISION OF CORPORATIONS  
JAN 17 2017

**SUBJECT:** St. Augustine High School PTO-The Hive, 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:** Kathy C. Weed

Name (Printed or typed)

509 Ocean Forest Drive

Address

St. Augustine Florida, 32080

City, State & Zip

904-540-3918

Daytime Telephone number

kathycweed@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: St. Augustine High School PTO, The Hive

Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
3205 Varella St.

Mailing address, if different is:

St. Augustine, Florida 32084

17 JUN -9  
11:19:17  
SAHS  
PTO

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of the St. Augustine High School (SAHS) PTO, The Hive is to enhance and support the educational experience at SAHS, to develop and foster a closer connection between school and home by encouraging parent involvement, and to improve the environment at SAHS through volunteer and financial support.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Elected by a majority

only PTO members can be nominated and can vote.  
Each office will be filled & appointed by majority vote from  
PTO members.

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

Name and Title: Kathy Hensel/Pres. Name and Title: Michelle Solana Booster Rep.

Address: 72 Hannah Cole Dr. Address: 1501 Timber Trace Drive  
St. Augustine, FL 32080 St. Augustine, FL 32092

Name and Title: Kathy Weed, V.P. Name and Title: Jennifer Seymour, Secretary

Address: 509 Ocean Forest Dr Address: 324 Hefferon Dr  
St. Augustine, FL St. Augustine, FL 32084  
32080

Name and Title: Joan Gibon, Treasurer Name and Title: \_\_\_\_\_

Address: 914 Prince Rd Address: \_\_\_\_\_  
St. Augustine, FL 32086

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: Kathy Hensel

Address: 3205 Varella St  
St. Augustine, FL 32084

17 JAN -3 AM 9:17

**ARTICLE VII INCORPORATOR**

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

Name: Kathy Weed

Address: 509 Ocean Forest Dr.  
St. Augustine, FL 32080

**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*

Kathy Hensel  
Required Signature of Registered Agent

11/16/16  
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.*

Kathy Weed  
Required Signature of Incorporator  
Kathy Weed

11/16/16  
Date