

N17000002365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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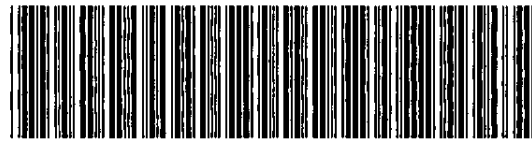
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/06/17

## COVER LETTER

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

SUBJECT: North Port High School Choral Boosters, 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: Dr. William C. Brown  
Name (Printed or typed)

2643 Atwater Drive  
Address

North Port, FL 34288  
City, State & Zip

941-423-8558 ext. 66215  
Daytime Telephone number

nphschoirs34288@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: North Port High School Choral Boosters, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
6400 W. Price Blvd.

North Port, FL 34288

Mailing address, if different

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**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

North Port High School Choral Boosters, Inc. exists to promote, advocate,  
support and fund the activities and musical endeavors of the musical ensembles  
of the North Port High School Choral Department.

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

by registered members through ballot voting.

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

Name and Title: Dr. William C. Brown, Director

Address: 2643 Atwater Dr.  
North Port, FL 34288

Name and Title: Cheryl L. Brown, President

Address: 2643 Atwater Dr.  
North Port, FL 34288

Name and Title: Laura Hart, Secretary

Address: 1041 Newton St.  
Englewood, FL 34224

Name and Title: Nichole Curley, Treasurer

Address: 4524 Badosa Rd.  
North Port, FL 34286

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ 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: Laura Hart

Address: 1041 Newton St

Englewood, FL 34224

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Wm. Chris Brown

Address: 2643 Atwater Dr.

North Port, FL 34288

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

Laura Hart

Required Signature of Registered Agent

Feb 13, 2017

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.

Chris Brown

Required Signature of Incorporator

2/13/17

Date