

N17000004750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300298798453

05/03/17--01017--016 **70.00

FILED
17 MAY -3 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 05/04/17

COVER LETTER

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

SUBJECT: Bullpups 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: Emily D. Morris
Name (Printed or typed)

851 E Hickory St.
Address

Arcadia, FL 34216
City, State & Zip

863-494-2736
Daytime Telephone number

emily.morris@desotoschools.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be:

Bullpup Boosters, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

~~851 E. Hickory St.~~

851 E. Hickory St.
Arcadia, FL 34266

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

organized and operated is exclusively
for charitable and religious 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 federal tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Mitchell Johnson - president

Name and Title:

Address

851 E. Hickory St.
Arcadia, FL 34266

Address:

Name and Title:

Emily Morris - secretary

Name and Title:

Address

851 E. Hickory St.
Arcadia, FL 34266

Address:

Name and Title:

Karen Neads - check signer

Name and Title:

Address

851 E. Hickory St.
Arcadia, FL 34266

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY -3 PM 12:40

FILED

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: Emily Morris
Address: 35 E. Magnolia St.
Arcadia, FL 34266

FILED
17 MAY -3 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: same as above
Address: _____


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 days prior or 90 days after the filing.)

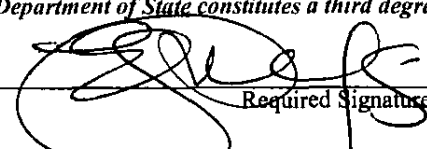
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

4/25/17
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.


Required Signature of Incorporator

4/25/17
Date