## N17000007383

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
·	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
, , ,	
(Document Number)	
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	

Office Use Only



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## **COVER LETTER**

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

JECT:	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
osed is an original an	d one (1) copy of the Ar	ticles of Incorporation and	a check for:
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	■\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	heila J. Weiss		
	Na	me (Printed or typed)	_
,	86 Willow Bend Way		
ı			

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

614-270-2022

sheilajweiss@gmail.com

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

City, State & Zip

Daytime Telephone number

## ARTICLES OF INCORPORATION

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

ARTICLE I The name of th	NAME ne corporation shall be: PFLAG Sarasota	a Chapter, Inc.				
ARTICLE II	PRINCIPAL OFFICE					
1470	Principal <u>street</u> address: Bloulevard of the Arts		Mailing address, if diff	ferent is:		
Saras	Sota					
Florid	da 34236					
• •	PURPOSE  or which the corporation is organized is d manage property, or funds for charita	·	oses for which the corporatio			aritable
and eleemosyi	nary institutions, associations, and unde	ertakings.				
b) To provide	a support system for families and frien	nds of lesbians and gay:	s in their effort to understand.	, accept, and	suppo	rt their
children with	love and pride					
c) To provide	education for individuals and the com	munity at large on the r	nature of homosexuality.			
d) To support	s, speak out for the full human rights and	d civil rights of lesbian	s and gays, to defend and enf	nance those l	human/	civil right
ARTICLE IV	MANNER OF ELECTION The n	nanner in which the dire	ctors are elected and appointed	Election o	of mem	ibers
ADTRICUE					<del>-</del>	
Name and Title		Name and Title	Steve Ryan, Treasurer		17 JUL	
Address	240 Santa Maria Street	Address:	P.O Box 1246		<u> </u>	•
	Venice, FL 34285		Bradenton, FL 34206	<u>,</u> 2	멸	<i>:</i> ··
				0316 0316	80 :ZI M	
Name and Title	Sheila Weiss, Secretary	Name and Title:	Dorothy Neufeld, Co-Secret	ary	ហ	
	186 Willow Bend Way	Address:	2710 42nd Street Wei	<del></del>		
	Osprey, FL 34229		Bradenton, FL 34205	<u>.</u>		
Name and Title	v:	Name and Title:				
Address		Address:				
				<del></del>		

Name and Title:_	<del></del>	Name and Title:		
_				
-				
Name and Title:_	<u> </u>	Name and Title:		
Address _	<u> </u>	_ Address:		
-		_		
_				
	<i>REGISTERED AGENT</i> orida street address (P.O. Box NOT acco	eptable) of the registered agent is:		
Name:	Carol Miller	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Address:	240 Santa Maria Stre	et		
,	Venice, FL 34285		휳.	7.7
				, 707. Le
	INCORPORATOR			
i ne <u>name ano ao</u>	dress of the Incorporator is:  Sheila Weiss		<u></u> 전:	Th :
Name:	41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		'1	- <del></del>
Address:	186 Willow Bend Way		78 E	TU PM 12: 05
	Osprey, FL		A	
Effective date, if	EFFECTIVE DATE: other than the date of filing: July 1, ate is listed, the date must be specific as			the filing.)
	inserted in this block does not meet the a ive date on the Department of State's rec		nents, this date will not be	listed as the
certificate, I am fi	ned as registered agent to accept service uniliar with and accept the appointment of			designated in this
(	Required Signature of Registered	I Agent	11 July .	2017
	ment and affirm that the facts stated her t of State constitutes a third degree felony			ed in a document
	Shela Weiss Regaired Signature of Inco	rporator		2017
	The signature of the		1,4110	