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2017 AUG -9 PM12:47
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17 AUG -9 PM12:47
TALLAHASSEE
SECRETARY OF STATE

COVER LETTER

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

SUBJECT: Tallahassee Police Department Association of Employees, 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: Anita Dunlap

Name (Printed or typed)

234 East Seventh Avenue

Address

Tallahassee, Florida 32303

City, State & Zip

850-891-4341

Daytime Telephone number

anita.dunlap@talgov.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: Tallahassee Police Department Association of Employees, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
234 East Seventh Avenue

Mailing address, if different is:

Tallahassee, Florida 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To bring about an awareness of appreciation and gratitude
to the employees of the Tallahassee Police Department, as well as promoting comradorie and fellowship.

Offering recognition and condolences to those employees of Tallahassee Police Department who have lost a loved one.

Not for profit corporation

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anita Dunlap; Director

Name and Title: David Northway; Director

Address: 234 East Seventh Avenue

Address: 234 East Seventh Avenue

Tallahassee, FL 32303

Tallahassee, FL 32303

Name and Title: Angie Hemanets; Director

Name and Title: _____

Address: 234 East Seventh Avenue

Address: _____

Tallahassee, FL 32303

Name and Title: Theresa Flury; Director

Name and Title: _____

Address: 234 East Seventh Avenue

Address: _____

Tallahassee, FL 32303

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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: Angela Hemanes

Address: 234 East Seventh Avenue

Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anita Dunlap

Address: 234 East Seventh Avenue

Tallahassee, FL 32303

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

Angela Hemanes
Required Signature of Registered Agent

8/8/2017
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.

Anita Dunlap
Required Signature of Incorporator

8/8/17
Date