

N17000008892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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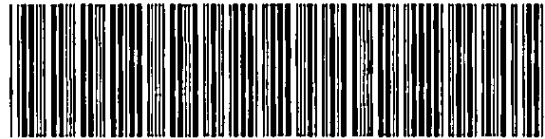
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: THE ST ANDREW'S PIPES AND DRUMS OF TAMPA BAY  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)  
INCORPORATED

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: ROBERT L. BARRIE  
Name (Printed or typed)

13757 OAK FOREST BLVD. N.  
Address

SEMINOLE, FL. 33776  
City, State & Zip

1-727-289-6534  
Daytime Telephone number

ROBERT.BARRIE4@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: THE ST. ANDREW'S PIPES AND DRUMS OF TAMPA BAY  
INCORPORATED.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

13757 OAK FOREST BLVD. N.  
SEMINOLE, FL. 33776

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROMOTE THE TRADITIONAL  
BAGPIPE MUSIC OF SCOTLAND THROUGH TEACHING AND  
PERFORMANCE OF A PIPE BAND

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

BY VOTE  
OF THE VOLUNTEER MEMBERS AT AN ANNUAL MEETING

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

ROBERT L. BARRIE PRESIDENT

Name and Title:

Address:

13757 OAK FOREST BLVD. N.  
SEMINOLE, FL. 33776

Address:

Name and Title:

CLIFF BROOKS - TREASURER

Name and Title:

Address:

2466 ECUADORIAN WAY #24  
CLEARWATER, FL.  
33763

Address:

Name and Title:

NICK CAMPBELL

Name and Title:

Address:

PIPE MAJOR  
521 20TH AVE  
INDIAN ROCKS BEACH FL.  
33785

Address:

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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: ROBERT L. BARRIE

Address: 13757 OAK FOREST BLVD. N.  
SEMINOLE, FL. 33776

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ROBERT L. BARRIE

Address: 13757 OAK FOREST BLVD. N.  
SEMINOLE, FL. 33776

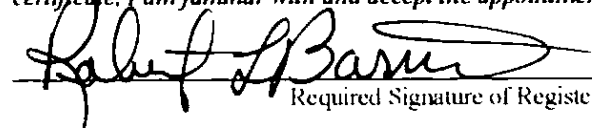
**ARTICLE VIII EFFECTIVE DATE:**

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*

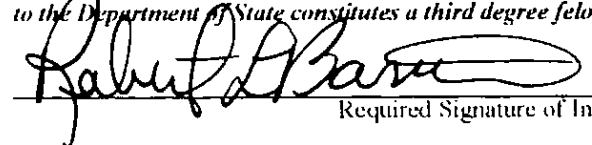


Required Signature of Registered Agent

7-30-2017

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.*



Required Signature of Incorporator

7-30-2017

Date