

N18000001224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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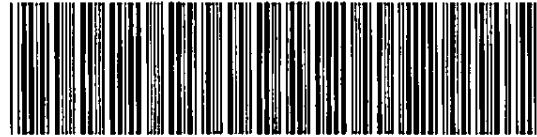
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Brumley

COVER LETTER

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

SUBJECT: Tuesday Duphate Bridge 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: Lorraine LORRAINE MAURATH
Name (Printed or typed)

5402 SWORDFERN COURT
Address

PORT ORANGE, FLORIDA 32128-6698
City, State & Zip

386-788-6415
Daytime Telephone number

raine97@hotmail.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: Tuesday Duplicate Bridge INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5402 SWORD FERN COURT
PORT ORANGE, Florida, 32128

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Tuesday Duplicate Bridge Inc.
To pay Rent, See By-LAWS

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

Pointed By Director

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CLERK OF CIRCUIT COURT
PORT ORANGE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Louise MAURATH</u>	Name and Title:	<u>DIRECTOR</u>
Address	<u>5402 SWORD FERN COURT</u>	Address:	<u>5402 SWORD FERN CT</u>
	<u>PORT ORANGE, FL 32128</u>		<u>PORT ORANGE, FL 32128</u>

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: Tuesday Duplante Bridge Inc 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: Louaine Maurath
Address: 5402 SWORD FERN COURT
PORT ORANGE FL 32128

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Louaine Maurath
Address: 5402 SWORD FERN COURT
PORT ORANGE, FLORIDA 32128

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

Louaine Maurath
Required Signature of Registered Agent

1-29-18
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.

Louaine Maurath
Required Signature of Incorporator

1-29-18
Date