

$\sim 1800002664$

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

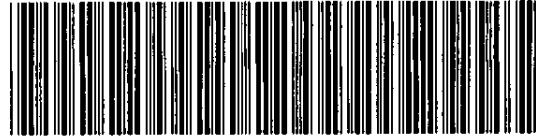
(Business Entity Name)

(Document Number)

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

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2018 MAR 13 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
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MAR 13 2018

C Kinsey

## COVER LETTER

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

**SUBJECT:** Gadsden Elementary Magnet School PTO

(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:** Gadsden Elementary Magnet School PTO

\_\_\_\_\_  
Name (Printed or typed)

500 West King Street

\_\_\_\_\_  
Address

Quincy, Florida 32351

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

gemspto@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: Gadsden Elementary Magnet PTO, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
Gadsden Elementary Magnet School

500 West King Street

Quincy, Florida 32351

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Parent Teacher Organization

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: will be elected by the members, as shown in bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Donnie Washington, PTO President

Address: 500 West King Street  
Quincy, Florida 32351

Name and Title: Adream Bennett, PTO Vice President

Address: 500 West King Street  
Quincy, Florida 32351

Name and Title: Kourtney Lewis, PTO Treasurer

Address: 500 West King Street  
Quincy, Florida 32351

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2018 MAR 13 AM 8:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Donnie Washington

Address: 500 West King Street

Quincy, Florida 32351

**ARTICLE VII INCORPORATOR**

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

Name: Donnie Washington

Address: 500 West King Street

Quincy, Florida 32351


**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

3-13-18

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.*



Required Signature of Incorporator

3-13-18

Date