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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

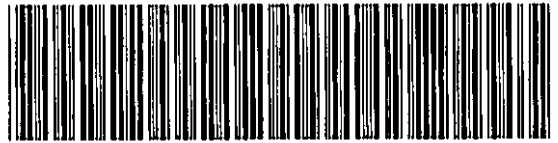
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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18 MAR 13 PM 1:36

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D O'KEEFE
MAR 21 2018

COVER LETTER

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

SUBJECT: PFLAG of Stuart, FL 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
ADDITIONAL COPY REQUIRED	

FROM: Barbara R. Silver
Name (Printed or typed)

12783 SE Old Cypress Drive
Address

Hobe Sound, FL 33455
City, State & Zip

954-385-1116
Daytime Telephone number

brsilver222@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: PELAG of Stuart, FL Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

12783 SE Old Cypress Drive
Hope Sand, FL 33455

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To hold and manage property and funds for charitable
purposes

To provide a support system for families and friends
of lesbians and gays in their effort to understand,
accept, and support their children with love and pride

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

Founding members appoint Officers + Directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara R. Silver Name and Title: _____
President

Address: 12783 SE Old Cypress Dr. Address: _____
Hope Sand, FL 33455

Name and Title: Jan T. Myers Name and Title: _____
Treasurer

Address: 4040 Dorado Dr. Address: _____
Palm Beach Gardens
FL 33418

Name and Title: Michael Riordan Name and Title: _____
Secretary

Address: 26 St. James Dr. Address: _____
Palm Beach Gardens
FL 33418

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Barbara R. Silver
Address: 12783 SE Old Cypress Dr.
Hobe Sound, FL 33455

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gary M. Silver
Address: 12783 SE Old Cypress Drive
Hobe Sound, FL 33455

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

Barbara R. Silver
Required Signature of Registered Agent

3-3-2018
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.

Gary M. Silver
Required Signature of Incorporator

3-3-2018
Date