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K. PAGE  
APR 05 2018

## COVER LETTER

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

SUBJECT: Victoria Gardens Women's Club, Incorporated  
(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: Susan Bacotti  
Name (Printed or typed)  
1596 Lincolshire Drive  
Address  
DeLand, Florida 32724  
City, State & Zip  
508-254-4961  
Daytime Telephone number  
smadysaver@yahoo.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: Victoria Gardens Women's Club, Incorporated (EIN#36-4893707)

## ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:  
1001 Garden Club Drive

DeLand, FL 32724

Mailing address, if different is:  
1596 Lincolnshire Drive

DeLand, FL 32724

## ARTICLE III PURPOSE

To provide fellowship and education, as well as support local charitable  
The purpose for which the corporation is organized is: activities as designated by the membership. In the event of dissolution of the Victoria Gardens Women's Club, Inc., its assets shall  
be distributed to other charitable organizations chosen by the existing Board of Directors.

Nominating committee presents a slate of officers to the membership prior to elections in January. Term is one year beginning in March.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan Bacotti, President

Address: 1596 Lincolnshire Drive  
DeLand, FL 32724

Name and Title: Laura Blackburn, Vice President

Address: 1650 Victoria Gardens Drive  
DeLand, FL 32724

Name and Title: Karla Johnson, Secretary

Address: 1373 Hayton Avenue  
DeLand, FL 32724

Name and Title: Justine Concryn, Treasurer

Address: 1606 Victoria Gardens Drive  
DeLand, FL 32724

Name and Title:

Address:

Name and Title:

Address:

2018 APR -2 PM 2:09  
COUNTY 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: Susan Bacotti  
Address: 1596 Lincolnshire Drive  
DeLand, FL 32724

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2010 APR -2 PM 2:09

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Karla Johnson  
Address: 1373 Hayton Avenue  
DeLand, FL 32724

**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

Susan Bacotti  
Required Signature of Registered Agent

3/29/10  
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.

Karla E. Johnson  
Required Signature of Incorporator

3/29/10  
Date