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(Requestor's Name)

(Address)

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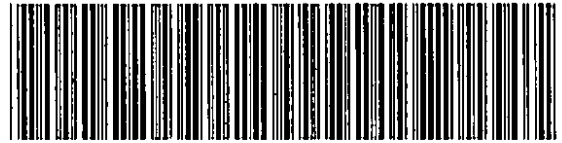
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/27/18--01018--007 **70.00

18 APR 23 AM 7:03
J. O'KEEFE
TALLMASSIE, JUDITH

D O'KEEFE

APR 27 2018

W18-31343



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2018

SHARON LEBER
8109 CAMMINARE DRIVE
SARASOTA, FL 34238

SUBJECT: VW HOPE IN A BACKPACK
Ref. Number: W18000031343

We have received your document for VW HOPE IN A BACKPACK and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 318A00006573

RECEIVED
2018 APR 23 PM 12:14
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

COVER LETTER

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

FILED
18 APR 23 AM 7:03
TALLAHASSEE, FL 32314

SUBJECT: VW HOPE IN A BACKPACK, 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: SHARON LEBER PRESIDENT OF
Name (Printed or typed) VW HOPE IN A BACKPACK

8109 CAMMINARE DRIVE
Address

SARASOTA FL 34238
City/State & Zip

941-922-8624
Daytime Telephone number

BACKPACKS.Kids@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: VW HOPE IN A BACKPACK, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

8109 CAMMINARE DR (SAME)
SARASOTA, FL 34238

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PRIMARY PURPOSES OF THE ASSOCIATION ARE TO PROVIDE A COMMUNITY SERVICE BY FEEDING THE NEEDY CHILDREN IN THE LOCAL FRUITVILLE ELEMENTARY SCHOOL COUNTY. SHARE INFORMATION BY EDUCATING AND ENCOURAGING THE PUBLIC TO JOIN AND PARTICIPATE IN OUR ORGANIZATION.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: AN INDIVIDUAL NAME IS PRESENTED TO THE BOARD AND A VOTE FOLLOWS YEAR OR MAY.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>SHARON LEE LEBER</u> <u>PRES.</u>	Name and Title:	<u>BOBBY LEIBOWITZ</u> <u>TREAS.</u>
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Address:	<u>5863 HELICON PL</u>	Address:	<u>5614 OCTONIA PLACE</u>
	<u>SARASOTA, FL 34238</u>		<u>SARASOTA, FL 34238</u>

Name and Title:	<u>BOBBIE FRANK</u> <u>V-P</u>	Name and Title:	<u>CAROLYN ANDERSON</u>
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Address:	<u>8160 CARDENALANE</u>	Address:	<u>5767 WILENA PL</u>
	<u>SARASOTA, FL 34238</u>		<u>SARASOTA, FL 34238</u>

Name and Title:	<u>PAT CESARE</u> <u>Secy</u>	Name and Title:	<u>MICHELLE ROSENTHAL</u>
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Address:	<u>5697 TRISTINO LN</u>	Address:	<u>5773 TRISTINO LANE</u>
	<u>SARASOTA, FL 34238</u>		<u>SARASOTA, FL 34238</u>

Name and Title: Sandra Russell Name and Title: _____

Address: 5743 Wilena Pl Address: _____

SARASOTA, FL 34238

Name and Title: JANE BARNETT Name and Title: _____

Address: 5542 Modena Rd Address: _____

SARASOTA, FL 34238

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: SHARON LEBER
Address: 5863 HELICON PLACE
SARASOTA, FL 34238

ARTICLE VII INCORPORATOR

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

Name: SHARON LEBER
Address: 5863 HELICON PLACE
SARASOTA, FL 34238

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

Sharon L. Leber
Required Signature of Registered Agent

3/19/2018
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.

Sharon L. Leber
Required Signature of Incorporator

3/19/2018
Date

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18 APR 23 AM 7:03
TALLAHASSEE, FLORIDA