

N/8 000 006 507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

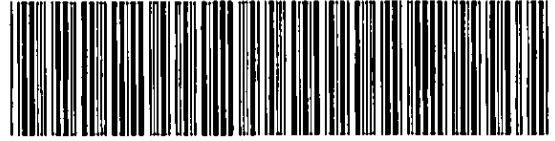
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR

D O'KEEFE
JUN 15 2018

COVER LETTER

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

SUBJECT: West Navarre Intermediate School PTO 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: Whitney Sumrall
Name (Printed or typed)

1970 Cotton Bay Lane
Address

Navarre, FL 32566
City, State & Zip

850 776 2073
Daytime Telephone number

westnavarreintermediatepto@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: West Navarre Intermediate School PTO Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1970 Cotton Bay Lane
Navarre, FL 32566

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A. To build and nurture a partnership between home and school through communications and parent involvement;
B. To enhance educational purposes of West Navarre Intermediate School by supporting and/or sponsoring academic and enrichment activities involving the entire school community;
C. To improve the school environment by providing volunteer and financial support.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Officers shall be elected by ballot annually during the last 9 weeks of the school year.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Whitney Sumrall, President

Name and Title: Summer DeArmond, Vice President

Address: 4949 Soundside Drive
Gulf Breeze, FL 32563

Address: 6725 Liberty Street
Navarre, FL 32566

Name and Title: Sara Murcum, Treasurer

Name and Title: _____

Address: 6969 Leisure Street
Navarre, FL 32566

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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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: Whitney Sumrall
Address: 4949 Soundside Drive
Gulf Breeze, FL 32563

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ARTICLE VII INCORPORATOR

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

Name: Whitney Sumrall
Address: 4949 Soundside Drive
Gulf Breeze, FL 32563

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:

Whitney Sumrall
Required Signature of Registered Agent

6-11-18
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.

Whitney Sumrall
Whitney Sumrall
Required Signature of Incorporator

6-11-18
Date