

N18000007451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

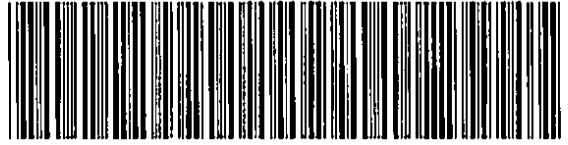
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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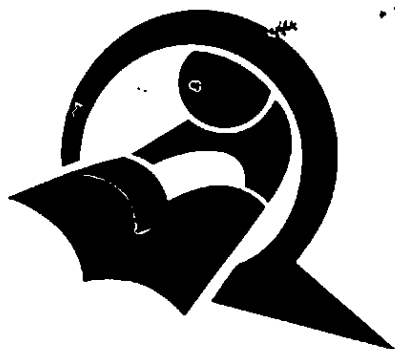
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL - 9 2018



*Daytona Writers Guild
M. Custureri, Ed.D.
2 Oceans Wet Blvd. Unit 406
Daytona Beach Shores, Florida*

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

Dear officer of Division of Corporations:

Please find enclosed a check in the amount of \$87.50 to cover the cost of filing and certificates for The Daytona Writers guild non-profit status registration.

Besides our application, we have sent you two copies of the charter, as requested.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink. The name 'Mary' is written in a cursive script, followed by 'Custureri' in a more stylized, flowing cursive script.

Mary Custureri, Ed. D.
President of Daytona Writers Guild

COVER LETTER

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

Daytona Writers Guild, Inc.

SUBJECT: _____
(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: Dr. Mary Custureri

Name (Printed or typed)

2 Oceans West Boulevard #406

Address

Daytona Beach Shores, Florida 32118

City, State & Zip

386-760-8987

Daytime Telephone number

marycustureri@aol.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

Daytona Writers Guild, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2 Oceans West Boulevard #406

Mailing address, if different is:

Daytona Beach Shores, Florida 32118

ARTICLE III PURPOSE

To provide year-round membership activities that may include an annual
The purpose for which the corporation is organized is: _____
conference, newsletters, membership rosters, critique group meetings, periodic speaker meetings, writing contests and other
activities and events to include support of community and educational institutions to advance member and community writing .

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Each July at a
special membership meeting we will elect Directors. Directors have a 2 year term, and no more than 2 consecutive terms.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____ Note: Unprintable are

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Mary Custureri, President

Address: 2 Oceans West Boulevard #406

Daytona Beach Shores, Florida 32118

First
Name and Title: Ljubica Ceravolo, Vice Pres. Secretary

Address: 2 Oceans West Boulevard #406

Daytona Beach Shores, Florida 32118

Second
Name and Title: Mr. Joseph Cavanaugh, V. Pres. Treasurer

Address: 3722 Langford Circle

Ormond Beach, fl. 32174

third
Name and Title: Mr. Jesse Sam Owens, J.D., V. Presider

Address: 2193 Halifax Avenue

Port Orane, Florida 32128

Name and Title: _____

Address: _____

Name and Title: _____

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:

Dr. Mary Custureri, Ed.D.

Name: _____

2 Oceans West Boulevard #406

Address: _____

Daytona Beach shores, Fl. 32118

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Dr. Mary Custureri, Ed.D.

Name: _____

2 Oceans West Boulevard #406

Address: _____

Daytona Beach Shores, Fl. 32118

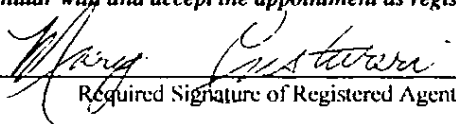
ARTICLE VIII EFFECTIVE DATE: July 18, 2018

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.

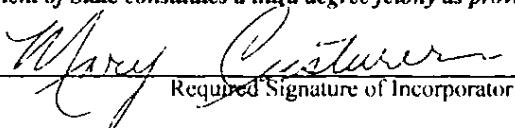
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

July 1, 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.


Required Signature of Incorporator

July 1, 2018

Date