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**C RICO**  
**JUL 19 2018**

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**COVER LETTER**

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

SUBJECT: MARTA COURT #99 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: Michele STANDARD  
Name (Printed or typed)

272 WALLROCK CT  
Address

OCFEE FL 34761  
City, State & Zip

407-607-9868  
Daytime Telephone number

MICHELESTANDARD1@AOL.COM  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**The name of the corporation shall be: MALTA COURT #99 INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address:201 E. HANNIBAL Sq.  
WINTER PARK FL 32789

Mailing address, if different is:

P.O. Box 113  
CLARCONA FL 32710**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: We are a charitable organization  
dedicated to helping our communities through  
community relations, donations to the less privileged  
and scholarships.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: ANNUAL Vote**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SANDRA TROTTER, Pres Name and Title: \_\_\_\_\_Address: 7400 Bella Foreste PL Address: \_\_\_\_\_SANFORD FL 32771Name and Title: Jacquelyn Mitchell Sec. Name and Title: \_\_\_\_\_Address: 6650 Whirlaway Cir. Address: \_\_\_\_\_ORLANDO FL 32818Name and Title: Michele STANDARD, Tres Name and Title: \_\_\_\_\_Address: 272 Wallrock CT Address: \_\_\_\_\_OCFEE FL 34761RECEIVED  
DIVISION OF CLERK  
OF CORPORATIONS  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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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: Michele STANDARD  
Address: 272 Wallrock Ct  
Ocoee FL 34761 (34761)

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Michele STANDARD  
Address: 272 Wallrock Ct  
Ocoee FL 34761

**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

Michele Standard  
Required Signature of Registered Agent

7/27/18  
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.

Michele Standard  
Required Signature of Incorporator

7/27/18  
Date

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DIVISION OF CORPORATIONS