

N18000010297

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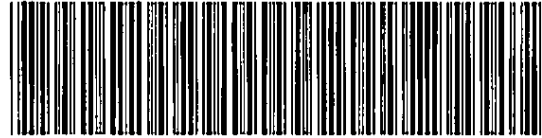
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09/25/18 09:00:00

COVER LETTER

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

Cape View Elementary PTO Foundation, 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: L. George Leonard

Name (Printed or typed)

1485 N. Atlantic Avenue, #102

Address

Cocoa Beach, Florida 32931

City, State & Zip

(321) 799-1691

Daytime Telephone number

george@glcpafirm.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: Cape View Elementary PTO Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8440 S. Rosalind Avenue

Mailing address, if different is:

Cape Canaveral, Florida 32920

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Cape View Elementary PTO Foundation, Inc. is organized exclusively
for charitable, religious, educational or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or
corresponding section of any future federal tax code. Cape View Elementary PTO Foundation, Inc. is organized for the
purpose of supporting the educational needs of students at Cape View Elementary School while fostering relationships
among the school, parents, and teachers.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Stated in By-Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tina Adams, President

Name and Title: Catherine McCabe, Secretary

Address: 211 Caroline Street, Apt. H9
Cape Canaveral FL, 32920

Address: 532 Alhambra Street
Indian Harbor Beach, FL 32937

Name and Title: Janine Lowe, Vice President

Name and Title: _____

Address: 353 Dorset Drive
Cocoa Beach, FL 32931

Address: _____

Name and Title: Kris Behrend, Treasurer

Name and Title: _____

Address: 230 McKinley Avenue
Cocoa Beach, Florida 32931

Address: _____

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: L. George Leonard
Address: 1485 N. Atlantic Ave. #102
Cocoa Beach, FL 32931

ARTICLE VII INCORPORATOR

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

Name: L. George Leonard
Address: 1485 N. Atlantic Ave. #102
Cocoa Beach, Florida 32931

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

L. George Leonard
Required Signature of Registered Agent

9/21/18
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.

L. George Leonard
Required Signature of Incorporator

9/21/18
Date

2018 SEP 21 PM 3:03