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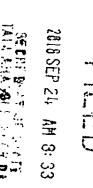
		
(Re	equestor's Name)	
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SEP 2 7 2018

K. Brumbley

COVER LETTER

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

٠,

SUBJECT:	SABAL ELEMENTARY PTO Inc.	
	(PROPOSED CORPORATE NAME – MUST INCLUDE SHFFIX)	

		i	
\$70.00	□ \$78.75	□\$78.75	№ \$87.50
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,
	Certificate of	& Certified Copy	Certified Copy
	Status		& Certificate

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

ADDITIONAL COPY REQUIRED

FROM: SELENA DEFILIPPO

Name (Printed or typed)

HUI N. WICKHAM 120

Address

MELBOURNE FLORIDA 22035

City. State & Zip

(321)254 7201

Daytime Telephone number

SABAL PTO @ GMATL_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 1 NAME The name of the corporation shall be: SAD	ALELEMENTARY PTO INC.	
ARTICLE II PRINCIPAL OFFICE	•	
Principal <u>street</u> address: 1401 N. WICKHANI KD.	Mailing address, if dif	ferent is:
NELBULIANE FL 32935	>	
(Parent Teacher Organization) Students and Staff by Mongh Volunteer and fin an open forum to address Impact the overall school	Led is: The purpose of Sabal Elements of Sabal E	Salar Elementary of experience to providing unities that itany.
Name and Title:	Name and Title:	
Address	Address:	2818 SE2
Name and Title:	Name and Title:	
Address		## 8: 33
Name and Title:	Name and Title:	
Address	Address:	

Name and Title	·	Name and Title:	
Address	·	Address:	
Name and Title:		Name and Title:	
Address	·	Address:	·
ARTICLE VI The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT acce	ptable) of the registered agent i	s:
Name:	SELENA DEFILIPAD	,	•
Address:	1401 N. WKHAM PD.		
, racing jer.	MELBOURNE FL 72936		
	100000000000000000000000000000000000000		
	INCORPORATOR		
	of the Incorporator is:		
Name:	SELENA DEFILIPPO		
Address:	1401 N. WKHTAM RO		
	MELBULIENE FL 72935	2	
ARTICLE VIII	EFFECTIVE DATE: f other than the date of filing:	. (OPTI	ANAL i
	date is listed, the date must be specific an		
document's effe	e inserted in this block does not meet the ap ctive date on the Department of State's reco	plicable statutory filing requireds.	ements, this date will not be listed as the
Having been na certificate, I am	imed as registered agent to accept service (familiar with and accept the appointment a	of process for the above state s registered agent and agree to	d corporation at the place designated in this o act in this capacity
	200 Fi Orano		9/14/18 Date
	Required Signature of Registered	Agent	Date
I submit this doc to the Departme	cument and affirm that the facts stated here nt of State constitutes a third degree felony o	in are true. I am aware that a as provided for in s.817.155, F	ny false information submitted in a document .S.
			9/18/18
	Required Stanature of Incorp	porator	Date