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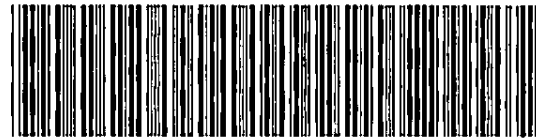
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HALL COUNTY, FLORIDA

## COVER LETTER

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

ASDC Starlight Booster Club, 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**

Gina Marshall  
**FROM:** \_\_\_\_\_  
Name (Printed or typed)  
9827 Poplar Place  
\_\_\_\_\_  
Address  
Orlando, Florida 32827  
\_\_\_\_\_  
City, State & Zip  
(732) 236-5069  
\_\_\_\_\_  
Daytime Telephone number  
starlightboosterclub@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

ASDC Starlight Booster Club, Inc.

The name of the corporation shall be: \_\_\_\_\_

## ARTICLE II PRINCIPAL OFFICE

Principal street address:

2479 N Narcoossee Road

St. Cloud, Florida 34771

Mailing address, if different is:

## ARTICLE III PURPOSE

The Starlight Booster Club is a non-profit organization created by the parents

The purpose for which the corporation is organized is: \_\_\_\_\_  
and teachers of the ASDC Starlight Competition Team. Our organization supports the members of the Starlight Competition Team by  
providing scholarships to team members throughout the competition season. We promote life skills that support each dancer as they  
flourish into young adults.

We are a youth/amateur competitive sports charitable organization.

Majority vote.

## ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: \_\_\_\_\_

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gina Marshall, President

Address: 9827 Poplar Place  
Orlando, Florida 32827

Name and Title: Courtney Kirby, Vice President

Address: 2651 Giardino Loop  
Kissimmee, Florida 34741

Name and Title: Monika Gargagliano, Fundraising Chair

Address: 9980 Cypress Vine Drive  
Orlando, Florida 32832

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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CLERK OF DISTRICT COURT  
JANUARY 19, 2019

\_\_\_\_\_  
\_\_\_\_\_  
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: Courtney Englert  
Address: 4208 Atwood Drive  
Orlando, Florida 32828

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Gina Marshall  
Address: 9827 Poplar Place  
Orlando, Florida 32827

**ARTICLE VIII EFFECTIVE DATE:** February 5th, 2019

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*

Courtney Englert  
Required Signature of Registered Agent

2/12/2019  
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.*

Gina Marshall  
Required Signature of Incorporator

2/12/2019  
Date

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

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Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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2/12/2019  
Date

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Gina Marshall  
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