

N20000000 3661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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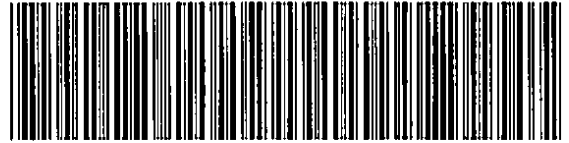
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Tampa Democratic Socialist of America, 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: Scott D. Shoup
Name (Printed or typed)

14419 Pepper Pine Dr.
Address

Tampa, FL 33626
City, State & Zip

813-500-2187
Daytime Telephone number

Dougcz58@outlook.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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MAR 26 2020
TALLAHASSEE, FL

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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: Tampa Democratic Socialist of America, inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

14419 Pepper-pine Dr.

Tampa, FL 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This Corporation is organized to promote social welfare within the meaning of section 501(c)(4) of the Internal Revenue Code of 1986, as now enacted or hereafter amended. In pursuit of this purpose, the Corporation shall seek to facilitate the transition to a democratic and socialist society, one in which the means as well as the resources of production are democratically and socially controlled.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By the voting membership (elected)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shump, Scott, D (Director) Name and Title: _____

Address 14419 Pepper-pine Dr Address: _____
Tampa, FL 33626

Name and Title: Aradi, Mikaela (Treasurer) Name and Title: _____

Address 84110 N 11th Ave Address: _____
Tampa, FL 33604

Name and Title: Aradi, Elizabeth (Secretary) Name and Title: _____

Address 7923 Citrus Drive Address: _____
Temple Terrace, FL
33637

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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: Scott D. Shoup

Address: 14419 Pepper Pine Dr
Tampa, FL 33626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Scott D. Shoup

Address: 14419 Pepper Pine Dr
Tampa, FL 33626

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

STH CP

Required Signature of Registered Agent

3-23-2020

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.

STH CP

Required Signature of Incorporator

3-23-2020

Date

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STA CP

Required Signature of Incorporator

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Date