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COVER LETTER

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

SUBJECT: Sarasota Chapter of the American Recorder Society, 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: Carol Mishler
Name (Printed or typed)

11523 30th Love E
Address

Parrish, FL 34219
City, State & Zip

920 655-4414
Daytime Telephone number

mishler carol@gmail.com
E-mail address: (to be used for future annual report notification)

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

FILED
2020 MAY -4 PM 3:16
TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be: Sarasota Chapter of the American Recorder Society, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

11523 30th Cove E

Parrish, FL 34219

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to support and encourage
study and performance on the recorder and other
early musical instruments

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Officers of
the Executive Board are elected by the membership each April.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carol Mishler, President

Address 11523 30th Cove E
Parrish, FL 34219

Name and Title: W. Lawrence Ream, Treasurer

Address: 8400 Vamo Rd Apt 5b1
Sarasota, FL 34231-7846

Name and Title: Domenica Cipollone, vice President

Address 5153 Highbury Circle
Sarasota, FL 34238

Name and Title: Daniel Muss, Secretary

Address: 709 Pine Run Dr
Osprey, FL 34229-9543

Name and Title: _____

Address _____

Name and Title: _____

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: Carol Mishler
Address: 11523 30th Cove E
Parrish, FL 34219

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carol Mishler
Address: 11523 30th Cove E
Parrish, FL 34219

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 business days prior or 90 business 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

Carol Mishler

Required Signature of Registered Agent

5-1-20

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.

Carol Mishler

Required Signature of Incorporator

5-1-20

Date