

N210 000 3552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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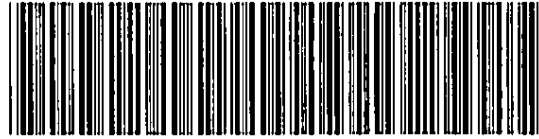
(Business Entity Name)

(Document Number)

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D O'KEEFE
MAR 29 2021

COVER LETTER

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

SUBJECT: Polk County Volleyball Officials Association, 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: Peter Luciano

Name (Printed or typed)

129 Lake Michigan Drive

Address

Mulberry, FL 33860

City, State & Zip

863-513-0023

Daytime Telephone number

pluciano4@tampabay.rr.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: Polk County Volleyball Officials Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
129 Lake Michigan Drive

Mulberry, FL 33860

Mailing address, if different is:

NA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide officials for girls' volleyball at the high school and middle school
levels. The venues will be public, private, and Christian schools.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Luciano, President

Address: 129 Lake Michigan Dr.
Mulberry, FL 33860

Name and Title: Debra Knuth, Vice President

Address: 515 Lorraine Circle
Lake Wales, FL 33853

Name and Title: Dawnetta Haynes, Secretary

Address: 235 Solis Dr.
Winter Haven, FL 33830

Name and Title: Margaret Haller, Treasurer

Address: 2310 Lake James Way
Lakeland, FL 33810

Name and Title: Peggy White, Booking Commissioner

Address: 4504 Crystal Beach Rd.
Winter Haven, FL 33830

Name and Title: Valarie Taylor, Member at Large

Address: 6309 Forestwood Dr. West
Lakeland, FL 33811

Name and Title: Arlene Quinlan, Member at Large Name and Title: _____

Address: 2641 Bellerive Dr. Address: _____

Lakeland, FL 33803 _____

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: Peter Luciano

Address: 129 Lake Michigan Dr.

Mulberry, FL 33860

ARTICLE VII INCORPORATOR

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

Name: Peter Luciano

Address: 129 Lake Michigan Dr.

Mulberry, FL 33860

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

Peter Luciano
Required Signature of Registered Agent

2/26/2021
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.

Peter Luciano
Required Signature of Incorporator

2/26/2021
Date

FILED
21 MAR - 1 PM 4:53
RECEIVED BY STATE
TALLAHASSEE, FLORIDA