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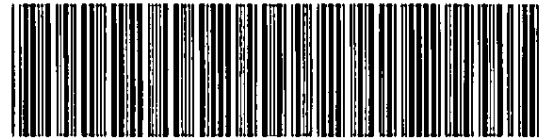
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2021 JUL -6 AM 10:25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Deadline 7/24/21

May 25, 2021

KATHERINE SMITH
4653 SAN PAULO CT
LAKELAND, FL 33813

SUBJECT: POLK COUNTYDEMOCRATIC SOCIALISTS OF AMERICA INC
Ref. Number: W21000075925

2021 JUN -6 PM 3:48

We have received your document for POLK COUNTYDEMOCRATIC SOCIALISTS OF AMERICA INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the name, abbreviation or symbol of any political party filed with the Department of State must be obtained from the respective political party's State Executive Committee's chairperson in accordance with section 103.081, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 521A00011231

6/28/21 → call w/
Taylor

-Re mail it in w/ a new
name and address it
to Jessica

COVER LETTER

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

SUBJECT: Polk County DSA 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: Katherine Smith
Name (Printed or typed)

4653 San Paulo Ct
Address

Lakeland, FL, 33813
City, State & Zip

863-838-8903
Daytime Telephone number

ksmith121716@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

The name of the corporation shall be: Polk County DSA Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4653 San Paulo Ct
Lakeland, FL 33813

Mailing address, if different is:

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. This corporation is not formed for profit or financial gain.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Elected by the voting membership

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carly Palmer - Co-Chair

Address: 1621 Rose Dr
Lakeland, FL 33813

Name and Title: Katherine Smith - Co-Chair

Address: 4653 San Paulo Ct
Lakeland, FL 33813

Name and Title: Stephanie Stidham - Treasurer

Address: 3511 Jade Lane
Mulberry, FL 33860

Name and Title: Jessica Wood - social media coordinator

Address: 3948 Sunnywood Circle
Lakeland, FL 33812

Name and Title: Megan Short - Secretary

Address: 1907 Hallam Dr
Lakeland, FL 33813

Name and Title: _____

Address: _____

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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: Katherine Smith

Address: 4653 San Paulo Ct

Lakeland, FL 33813

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Katherine Smith

Address: 4653 San Paulo Ct

Lakeland, FL 33813

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

Katherine Smith
Required Signature of Registered Agent

6/28/21
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.

Katherine Smith
Required Signature of Incorporator

6/28/21
Date

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