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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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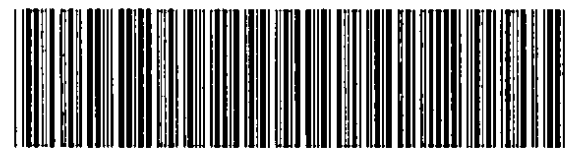
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

**SUBJECT:** W. H. Rhodes Elementary PTO, 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:** Alanna Langham  
\_\_\_\_\_  
Name (Printed or typed)

5563 Byrom Street  
\_\_\_\_\_  
Address

Milton, FL 32570  
\_\_\_\_\_  
City, State & Zip

850-206-2131  
\_\_\_\_\_  
Daytime Telephone number

langhama@santarosak12.fl.us  
\_\_\_\_\_  
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: W. H. Rhodes Elementary School PTO, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:  
W. H. Rhodes Elementary School

5563 Byrom Street

Milton, FL 32570

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for the charitable, scientific, literary and educational purposes within meaning of section 501(c)3 of the Internal Revenue Code or corresponding section of any future Federal tax code. This organization is  
orgnaized to promote the wellbeing and enhance the educational purpose of students by developing relationships between educators,  
parents, and the general public.

Upon dissolution of this organization, after paying and adequately providing for the debts and obligations of the organization, the  
remaing assets shall be distrubuted to W. H. Rhodes Elementary School.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Officers will be  
nominated anonymously and an election will be held a month after the start of the school year. Officers will installed in the fall and will  
serve a two year term. Officers will consist of President, Vice President, Secretary/Treasurer, and Volunteer/Events Coordinator.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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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: Alanna Langham  
Address: 7530 Highway 89  
Milton, FL 32570

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Kacie Reaves  
Address: 4376 Mount Carmel Road  
Jay, FL 32565

**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:*

Alanna A. Langham  
Required Signature of Registered Agent

5/18/2022  
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.*

Kacie H. Reaves  
Required Signature of Incorporator

5/18/22  
Date

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