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CITY AND COUNTY OF NEW YORK
DEPARTMENT OF REVENUE

D. O'KEEFE

MAR 30 2023

COVER LETTER

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

SUBJECT: BARTOW POLICE CHARITABLE FOUNDATION, 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: PATRICK S. HALLEY
Name (Printed or typed)

450 N. BROADWAY AVE
Address

BARTOW, FL 33830
City, State & Zip

(863) 534-5034
Daytime Telephone number

BartowBlue@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: BARTON POLICE CHARITABLE FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

450 N. Broadway Ave

BARTON, FL 33830

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SUPPORT OF THE MEMBERS AND
FUNCTIONS OF THE BARTON FLORIDA POLICE DEPARTMENT

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

BY VOTE TAKEN MARCH 1, 2023

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PATRICK S. HALLEY, CHAIR

Address: 450 N. Broadway Ave

BARTON, FL 33830

Name and Title: HOMER MUSIC, DIRECTOR

Address: 450 N. Broadway Ave

BARTON, FL 33830

Name and Title: TANYA TUCKER, TREASURER

Address: 450 N. Broadway Ave

BARTON, FL 33830

Name and Title: PAUL O'DELL, DIRECTOR

Address: 450 N. Broadway Ave

BARTON, FL 33830

Name and Title: SARAH MEERS, SECRETARY

Address: 450 N. Broadway Ave

BARTON, FL 33830

Name and Title:

Address:

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ALL INFORMATION
IS PUBLIC

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: PATRICK S. HALLEY

Address: 450 N. Broadway Ave
BARTON, FL 33830

FILED
TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

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

Name: PATRICK S. HALLEY

Address: 450 N. Broadway Ave
BARTON, FL 33830

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


Required Signature of Registered Agent

3/7/23
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.


Required Signature of Incorporator

3/7/23
Date