

N24000004536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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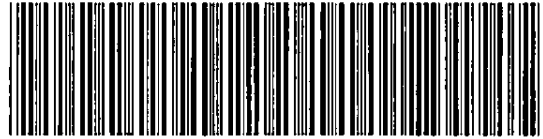
(Business Entity Name)

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2024 MAR 20 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: SAVANNA CLUB PIECEMAKES 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: ANNE MORAN
Name (Printed or typed)

3113 8TH HOLE DR
Address

PORT ST LUCIE FL 34592
City, State & Zip

502-641-0485
Daytime Telephone number

annemoran3311@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: SAVANNA CLUB PIECEMAKERS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3492 CRABAPPLE DR
Port St Lucie FL
34952

Mailing address, if different is:

3113 8TH HOLE DR
PORT ST LUCIE FL
34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A SOCIAL CLUB THAT PROMOTES QUILTING &
CROCHETING & KNITTING

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

AS PER BYLAWS

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TALLAHASSEE, FL

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

<u>PRES</u> Name and Title: <u>MARYA AMIG</u>	<u>V.P.</u> Name and Title: <u>VICKI LITTELL</u>
Address: <u>3624 SLEEPY</u>	Address: <u>8511 WEDELIA CT.</u>
<u>HOLLOW LA.</u>	<u>PORT ST LUCIE FL</u>
<u>PORT ST LUCIE FL 34952</u>	<u>34592</u>
<u>SEC</u> Name and Title: <u>JANIS KOPLIN</u>	<u>TRES</u> Name and Title: <u>ANNE MORAN</u>
Address: <u>8486 WUNEBERRY CT</u>	Address: <u>3113 8TH HOLE DR</u>
<u>PORT ST LUCIE FL</u>	<u>PORT ST LUCIE FL</u>
<u>34952</u>	<u>34952</u>

Name and Title: _____ Name and Title: _____

Address: _____ 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: ANNE MORAN

Address: 3113 8TH HOLE DR
PORT ST LUCIE FL 34592

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANNE MORAN

Address: 3113 8TH HOLE DR
PORT ST LUCIE

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/01/2024 (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

AMoran

Required Signature of Registered Agent

3-14-24

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.

AMoran

Required Signature of Incorporator

3-14-24

Date

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