

N 24000006412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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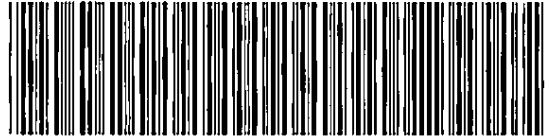
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Society of St. Vincent de Paul St. Mark the Evangelist Conference, 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: Cynthia Grellner

Name (Printed or typed)

20401 Harvest Oak Ct.

Address

Tampa, FL 33647

City, State & Zip

813-230-5612

Daytime Telephone number

c.grellner@yahoo.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: Society of St. Vincent de Paul St Mark the Evangelist Conference, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
9724 Cross Creek Blvd.

Tampa, Florida 33647

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A network of friends, inspired by Gospel values, growing in holiness
in building a more just world through personal relationships with and service to people in need.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pam Smith, President

Address: 9125 Rockrose Dr
Tampa, FL 33647

Name and Title: Cynthia Grellner, Treasurer

Address: 20401 Harvest Oak Ct.
Tampa, FL 33647

Name and Title: Kathleen Cannella, Secretary

Address: 17955 Holly Brook
Tampa, FL 33647

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Pam Smith

Address: 9125 Rockrose Dr.

Tampa, FL 33647

2024

ARTICLE VII INCORPORATOR

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

Name: Cynthia Grellner

Address: 20401 Harvest Oak Ct.

Tampa, FL 33647

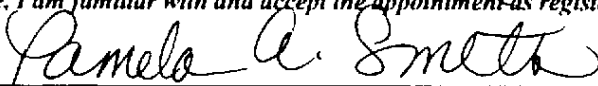
ARTICLE VIII EFFECTIVE DATE:

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

5-12-24

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.



Required Signature of Incorporator

05-13-24

Date