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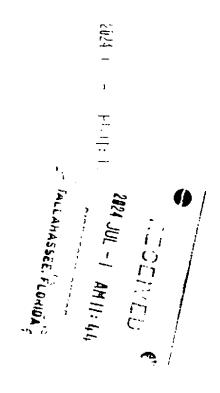
(Requ	iestor's Name)			
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COVER LETTER

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

ALLSTAR PARENTS ASSOCIATION								
SUBJECT:	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	CLUDE 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 ADDITIONAL CO	Certified Copy & Certificate					
FROM:	TONYA HERRON Name (Printed or typed)							
	10553 N. Meridian Road Address							
	Tallahassee, FL 32312	City, State & Zip	-					
	City, State & Zip							

850-519-1435

allstarparents l@gmail.com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE II	PRINCIPAL OFFICE		
	Principal street address:		Mailing address, if different is:
1055	3 N. Meridian Road	10553	3 N. Meridian Road
Talla ———	hassee, FL 32312	Tallal	nassee, FL 32312
ARTICLE III The purpose for fostering a post	PURPOSE or which the corporation is organized is:	empower and supported to the composition of the com	port parents in the All Star Cheerleading communist to be a trusted resource, advocating for excellen
and unity to c	reate a better future for All Star Cheerleadin	g.	
ARTICLE IV	MANNER OF ELECTION The manne	r in which the dire	ctors are elected and appointed: by the bylaws.
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	-	ctors are elected and appointed:
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO Tonya Herron - Executive Dir / President	-	Cari Boling - Board Director
ARTICLE V Name and Title	INITIAL OFFICERS AND/OR DIRECTO	ORS	Cari Boling - Board Director
ARTICLE V Name and Title Address	INITIAL OFFICERS AND/OR DIRECTOR Tonya Herron - Executive Dir /President 10553 N.Meridian Road Tallahassee, FL 32312 Angie Croft - Board Director	ORS Name and Title Address:	Cari Boling - Board Director 5019 NE Stable Ct. Hillsboro, OR 97124
Name and Title Address	INITIAL OFFICERS AND/OR DIRECTOR Tonya Herron - Executive Dir /President 10553 N.Meridian Road Tallahassee, FL 32312 Angie Croft - Board Director	ORS Name and Title Address: Name and Title	Cari Boling - Board Director 5019 NE Stable Ct. Hillsboro, OR 97124
Name and Title Address	INITIAL OFFICERS AND/OR DIRECTO Tonya Herron - Executive Dir /President 10553 N.Meridian Road Tallahassee, FL 32312 Angie Croft - Board Director	ORS Name and Title Address:	Cari Boling - Board Director 5019 NE Stable Ct. Hillsboro, OR 97124 Sierra Haas - Board Director
ARTICLE V Name and Title Address Name and Title Address	INITIAL OFFICERS AND/OR DIRECTO Tonya Herron - Executive Dir /President 10553 N.Meridian Road Tallahassee, FL 32312 Angie Croft - Board Director 2433 Appaloosa Trail Palm Harbor, FL 34685	ORS Name and Title Address: Name and Title Address:	Cari Boling - Board Director 5019 NE Stable Ct. Hillsboro, OR 97124 Sierra Haas - Board Director 2002 Autumn Ridge Dr. Sellersburg, IN 47172
ARTICLE V ARTICLE V Name and Title Address Name and Title Address	INITIAL OFFICERS AND/OR DIRECTO Tonya Herron - Executive Dir /President 10553 N.Meridian Road Tallahassee, FL 32312 Angie Croft - Board Director 2433 Appaloosa Trail Palm Harbor, FL 34685	ORS Name and Title Address: Name and Title	Cari Boling - Board Director 5019 NE Stable Ct. Hillsboro, OR 97124 Sierra Haas - Board Director 2002 Autumn Ridge Dr. Sellersburg, IN 47172

Name and Title	Heather Tarr - Board Director	Name and Title:	
Address	608 N. High St.	Address:	
	Hartford City, IN 47348		
Name and Title	X	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The <u>name and</u>	Florida street address (P.O. Box NOT	acceptable) of the registered agent i	s:
Name:	Топуа Негтоп		
Address:	10553 N. Meridian Road		
	Tallahassec, FL 32312		
Name:	Tonya Herron 10553 N. Meridian Road		
Address:	Tallahassec, FL 32312		
Effective date,	TEFFECTIVE DATE: if other than the date of filing: date is listed, the date must be speci	(OPTI	ONAL) days prior or 90 days after the filing.)
	te inserted in this block does not meet ective date on the Department of State		rements, this date will not be listed as the
certificate, I am	familiar with and accept the appointm	ent as registered agent and agree to	ed corporation at the place designated in this act in this capacity
	Required Signature of Regis	~	7/1/24
	Required Signature of Regis	tered Agent	Date
l submit this do	cument and affirm that the facts stated of State constitutes a third degree felor	herein are true. I am aware that an sy as provided for in s.817.155, F.S.	y false information submitted in a document to
	Required Signature of	NO-	7/1/24
	Kequited Signature of	шеогрогатог	202

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