

N24000010609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

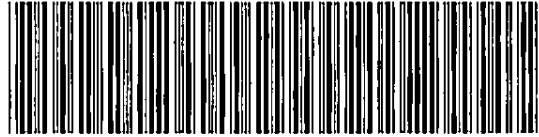
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STATE  
TALLAHASSEE, FL

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STATE  
TALLAHASSEE, FLORIDA

MS

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FRIENDS OF IRB, INC.

Please Debit FCA000000003 For: 78.75

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

TALLAHASSEE, FL

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## COVER LETTER

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

SUBJECT: Friends of IRB, 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: robert m coplen

Name (Printed or typed)

447-20th avenue

Address

indian rocks beach, fl 33785

City, State & Zip

813-310-6092

Daytime Telephone number

bcirbfl@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL

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

**ARTICLE I NAME**

The name of the corporation shall be: Friends of IRB, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
447-20th Avenue

Indian Rocks Beach

Florida 33785

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A non profit corporation formed to raise awareness in the community concerning current public affairs and events relating to maintaining the quality of life in the barrier island community.

Upon dissolution of the corporation all assets shall be distributed to a charitable organization or charitable purpose selected by a major

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Thomas Streng President/Director

Address: 441-20th Avenue

Indian Rocks Beach, Fl 33785

Name and Title: Sharon Streng Secretary/Director

Address: 441-20th Avenue

Indian Rocks Beach, Fl 33785

Name and Title: Jacqueline Russo Vice President/Treasurer

Address: 529-20th Avenue

Indian Rocks Beach, Fl 33785

Name and Title: Jacqueline Russo Director

Address: 529-20th Avenue

Indian Rocks Beach, Fl 33785

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

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

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

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

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CLERK OF DISTRICT COURT  
NORTH BEACH, FL

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: Robert M. Coplen \_\_\_\_\_

Address: 447-20th Avenue \_\_\_\_\_

Indian Rocks Beach, FL 33785 \_\_\_\_\_

FLORIDA STATE  
TALLAHASSEE, FL

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**ARTICLE VII INCORPORATOR**

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

Name: Robert M. Coplen \_\_\_\_\_

Address: 447-20th Avenue \_\_\_\_\_

Indian Rocks Beach, FL 33785 \_\_\_\_\_

**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*

Robert M. Coplen  
Required Signature of Registered Agent

September 8, 2024  
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.*

Robert M. Coplen  
Required Signature of Incorporator

September 8, 2024  
Date