

# N18 000009295

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

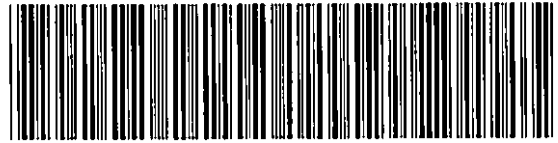
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

N SAMS  
Aug 28 2018



800300532948

06/20/17--01018--022 \*\*70.00

18 AUG 27 PM 2:09  
SAMS

8/27/18

CORPORATE DETAIL RECORD SCREEN

3:05 PM

NUMBER: W17000051824 REJECTED FILING REJ: 06/22/2017

NAME : POLISH HIGHLANDERS ALLIANCE

SUBMIT BY: WERONIKA GIADLA

ADDRESS : 631 ISLAND WAY  
CLEARWATER BCH., FL 33767

USER ID : TCHANG

1. MENU, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

### COVER LETTER

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

SUBJECT: Polish HIGHLANDERS ALLIANCE 79 CIRCLE IM. MATKI  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)  
BOSKIEJ  
INC

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: CYRWUS TADEUCZ  
Name (Printed or typed)

810 - 123RD AVE  
Address

TREASURE ISLAND FL  
City, State & Zip

727-776-7082  
Daytime Telephone number

TCYRWUS@tampabay.fl.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: POLISH HIGHLANDERS ALLIANCE 79 CIRCLE LM,

ARTICLE II PRINCIPAL OFFICE

MATKI BOSKIES INC

Principal street address:

Mailing address, if different is:

810-123RD AVE  
TREASURE ISLAND,  
FL. 33706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: OUR PURPOSE IS TO PRESERVE THE TRADITIONAL VALUES OF OUR ANCESTRY FOR FUTURE GENERATIONS, INCLUDING BUT NOT LIMITED TO FINANCING FOR EDUCATION AND WELL BEING OF FAMILIES

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: EVERY 3 YEARS Elected by the members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Address: TED CYRUS Address: \_\_\_\_\_

810-123RD AVE  
TREASURE ISLAND, FL. 33706

Name and Title: VICE PRESIDENT Name and Title: \_\_\_\_\_

Address: TADEUSZ HUZIOR Address: \_\_\_\_\_

476 RIVERA BAY DR. N.E  
ST. PETERSBURG, FL. 33702

Name and Title: VICE PRESIDENT - ANGIE TOCZEK Name and Title: \_\_\_\_\_

Address: 2320 TARRAGON LN Address: \_\_\_\_\_

NEW PORT RICHEY, FL. 34655

18 AUG 27 PM 2:09

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

Address: WERONIKA GIADLA Address: \_\_\_\_\_  
631 ISLAND WAY \_\_\_\_\_  
CLEARWATER, FL 33767 \_\_\_\_\_

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: Ted CYRUS  
Address: 810-123 RD AVE  
TREASURE ISLAND FL 33706

18 AUG 27 PM 2:09

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: WERONIKA GIADLA  
Address: 631 ISLAND WAY  
CLEARWATER BEACH FL  
33767

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

Ted Cyrus

Required Signature of Registered Agent

6/12/2017

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 § 817.155, F.S.

Weronika Giadla

Required Signature of Incorporator

6/12/2017

Date