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MICHIGAN CORPORATION IS  
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*Handwritten signature* 07/14/16

**COVER LETTER**

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

**SUBJECT:** Patchers of Time Quilt Guild, 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:** Patchers of Time Quilt Guild, Inc.  
Name (Printed or typed)

PO Box 701906  
Address

St Cloud, FL 34770  
City, State & Zip

407-361-0973  
Daytime Telephone number

POTQGuild@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: PATCHERS OF TIME QUILT GUILD, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2411 E IRLO BRONSON MEMORIAL HWY  
KISSIMMEE, FLORIDA 34744

Mailing address, if different is:  
PO BOX 701906  
SAINT CLOUD, FLORIDA 34770

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 TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to promote excellence of quilting, provide workshops and meetings for organization and to provide community service in the area of quilting (i.e. Project Linus)

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: in November, elected in December and take office in January for a one year term. *nominated*

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

Name and Title: Sheryl Scott, President  
 Address: 4944 Lazy Oaks Way  
StCloud, Florida 34771

Name and Title: Debbie Kirby, Vice President  
 Address: 2640 First Avenue  
Palm Baym Florida 32905

Name and Title: Beverly Jackson, Treasurer  
 Address: 1665 Jan Lan Blvd  
St CCloud, FLorida 34772

Name and Title: Melanie Moore, Secretary  
 Address: 3160 Settlers Trail  
St Cloud, Florida 34772

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: Sherry B Peck

Address: 2390 Sweetwater Blvd  
St Cloud, FL 34772

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sheryl Scott, President

Address: 4944 Lazy Oaks Way  
St Cloud, FL 34771

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**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 business days prior or 90 business 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*

Sherry B Peck  
Required Signature of Registered Agent

6/30/16  
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.*

Sheryl Scott  
Required Signature of Incorporator

6/30/16  
Date