

N 11000007551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

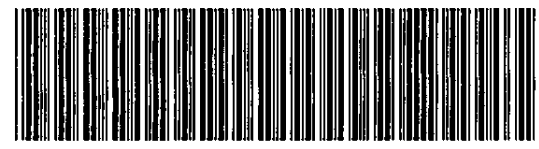
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Bureau of 2011

COVER LETTER

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

SUBJECT: Cajun Classic Foundation, 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: Charles W. Winger, Jr.

Name (Printed or typed)

14541 Legends Blvd. N., #104

Address

Fort Myers, FL 33912

City, State & Zip

239/994-6494

14541 Legends Blvd. Telephone number

huckiewin@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 Cajun Classic Foundation, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
14541 Legends Blvd. N., #104
Fort Myers, FL 33912

Mailing address, if different is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Charitable Purposes

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed.
According to the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Charles W. Winger Jr., President</u>	Name and Title: <u>Charles W. Winger, Jr., Treasurer</u>
Address: <u>14541 Legends Blvd N., #104</u>	Address: <u>14541 Legends Blvd N. #104</u>
<u>Fort Myers, FL 33912</u>	<u>Fort Myers, FL 33912</u>

Name and Title: <u>Susan S. Winger, Vice President</u>	Name and Title: _____
Address: <u>14541 Legends Blvd N., #104</u>	Address: _____
<u>Fort Myers, FL 33912</u>	_____

Name and Title: <u>Susan S. Winger, Secretary</u>	Name and Title: _____
Address: <u>14541 Legends Blvd N. #104</u>	Address: _____
<u>Fort Myers, FL 33912</u>	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Charles W. Winger, Jr.
Address: 14541 Legends Blvd N., #104
Fort Myers, FL 33912

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Charles W. Winger, Jr.
Address: 14541 Legends Blvd N., #104
Fort Myers, FL 33912

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

Charles W. Winger
Required Signature of Registered Agent

August 2, 2011
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.

Charles W. Winger
Required Signature of Incorporator

August 2, 2011
Date