

N120000009780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

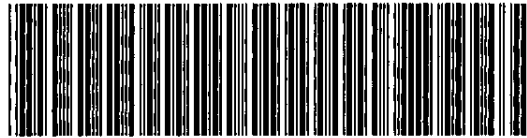
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500240548895

10/12/12--01027--013 **78.75

FILED
12 OCT 12 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14

COVER LETTER

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

SUBJECT: Lee Says No to Predatory Gambling, 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: Mark Andrews
Name (Printed or typed)

3869 West Gulf Drive
Address

Sanibel, FL 33957
City, State & Zip

239-395-2252
3869 West Gulf Drive Telephone number

mark@mpandrews.us
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 Lee Says No to Predatory Gambling, Inc
The name of the corporation shall be:

FILED

ARTICLE II PRINCIPAL OFFICE
Principal street address
3869 West Gulf Drive
Sanibel, FL 33957

Mailing address, if different: 12 OCT 12 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To educate the public about the negative consequences of slot machine gambling

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Mark Andrews, Pres & Treas</u>	Name and Title: _____
Address: <u>3869 West Gulf Drive</u>	Address: _____
<u>Sanibel, FL 33957</u>	_____
_____	_____
Name and Title: <u>Patricia Andrews, VP</u>	Name and Title: _____
Address: <u>3869 West Gulf Drive</u>	Address: _____
<u>Sanibel, FL 33957</u>	_____
_____	_____
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: Mark Andrews
Address: 3869 West Gulf Drive
Sanibel, FL 33957

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Mark Andrews
Address: 3869 West Gulf Drive
Sanibel, FL 33957

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


Required Signature of Registered Agent

October 10, 2012
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.


Required Signature of Incorporator

October 10, 2012
Date