

W19000010935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

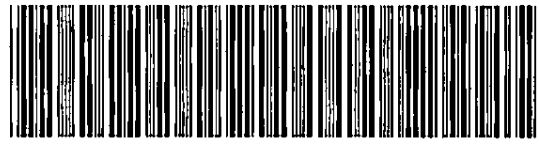
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COVER LETTER

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

SUBJECT: Kiwanis Club of Carrollwood 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: Karla Nielsen
Name (Printed or typed)

11307 Galleria Dr
Address

Tampa Fl 33618
City, State & Zip

813-294-5786
Daytime Telephone number

info@dickandkarla.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: Kiwanis Club of Carrollwood Foundation Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
11307 Galleria Dr
Tampa Fl 33618

Mailing address, if different is:
P O Box 279854
Tampa Fl 33688

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to secure funds by suitable and appropriate means to support the charitable objectives of the Kiwanis Club of Carrollwood, Florida and to disburse those funds in support of the objectives hereinafter stated. It shall be the objective of the Foundation to expend funds to support the children and the community of Greater Tampa Florida. These activities include but are not limited to the following: Improvements to the physical and mental well-being of young people through programs such as "Young Children: Priority One," leadership development through support of the Kiwanis Service Programs (SLPs), support for Division and District-wide projects that support the communities they serve, and support for Kiwanis International projects.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Membership vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karla Nielsen, president
Address: 11307 Galleria Dr
Tampa Fl 33618

Name and Title: Percy Legendre, treasurer
Address: 4802 Ehrlich Rd Ste 203
Tampa Fl 33618

Name and Title: Ed Anderson, secretary
Address: 27642 Cashford Cir
Wesley Chapel fl 33544

Name and Title: Stephen Cunningham, past president
Address: 15922 Mystic Way
Tampa Fl 33624

Name and Title: Christopher Legendre, president elect
Address: 4802 Ehrlich Rd Ste 203
Tampa Fl 33618

Name and Title: _____
Address: _____

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Name and Title: Nancy Gordon, director
Address: 10824 N Dale Mabry Hwy
Tampa Fl 33618

Name and Title: Richard Nielsen, director
Address: 11307 Galleria Dr
Tampa Fl 33618

Name and Title: Kelsey Leggett, director
Address: 16512 N Florida Av
Lutz Fl 33549

Name and Title: Dr Tommy Lane, director
Address: 1323 W Fletcher Av
Tampa Fl 33612

ARTICLE VI REGISTERED AGENT

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

Name: Ed Anderson
Address: 27642 Cashford Cir
Wesley Chapel Fl 33544

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Karla Nielsen
Address: 11307 Galleria Dr
Tampa Fl 33618

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



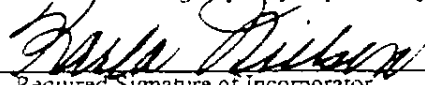
Required Signature of Registered Agent

Ed Anderson

5-1-19

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

Karla Nielsen

5/1/19

Date