

NH4000003373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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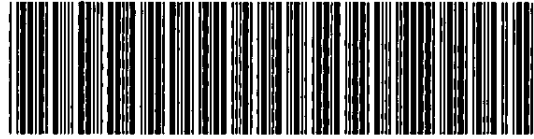
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

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

SUBJECT: Landings Yacht Club, 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: Patrick D. Shields, CPA  
Name (Printed or typed)

8695 College Pkwy, Suite 1124  
Address

Fort Myers, FL 33919  
City, State & Zip

239-344-9976  
Daytime Telephone number

pat@patshields.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: Landings Yacht Club, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
5200 South Landings Dr.

Fort Myers, FL 33919

Mailing address, if different

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**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To conduct a members only yacht club  
and all necessary activities.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: is by  
the majority vote of members.

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

Name and Title: Woody Jones, President  
Address: 4426 Windjammer Ln.  
Fort Myers, FL 33919

Name and Title: Carole Lundgren, Treasurer  
Address: 4406 Foremast Ct.  
Fort Myers, FL 33919

Name and Title: Clyde Stearns, Vice President  
Address: 4676 S. Landings Dr.  
Fort Myers, FL 33919

Name and Title: Tom Shell, Director  
Address: 12784 Yacht Club Circle  
Fort Myers, FL 33919

Name and Title: Jan Perkett, Secretary  
Address: 4506 Windjammer Ln.  
Fort Myers, FL 33919

Name and Title: Nancy Suhadolnik, Director  
Address: 4426 Mizzenmast Ct.  
Fort Myers, FL 33919

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: Patrick D. Shields, CPA

Address: 8695 College Parkway, Suite 1124

Fort Myers, FL 33919

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Patrick D. Shields, CPA

Address: 8695 College Parkway, Suite 1124

Fort Myers, FL 33919

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*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

4-2-14

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

4-2-14

Date