

N 20 000 009351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

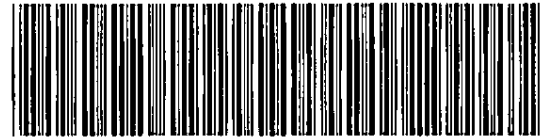
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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STATE
RECEIVED

COVER LETTER

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

SUBJECT: Our Lady of the Lakes, Council 5150, Knights of Columbus, 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: Thomas Kuhn
Name (Printed or typed)

1908 Silver Star Road
Address

Orlando, FL 32804
City, State & Zip

407-738-5024
Daytime Telephone number

kofc5150@gmail.com
E-mail address: (to be used for future annual report notification)

STATE
MAY 10 12

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: Our Lady of the Lakes, Council 5150, Knights of Columbus, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1908 Silver Star Road

Orlando, FL 32804

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A Fraternal Association Exemplifying: Charity, Unity, Fraternity, Patriotism, an Defense of the Priesthood.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By-laws acticle II

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Forster

Address: President

Grand Knight

Name and Title: Michael Kelly

Address: Secretary

Financl Secretary

Name and Title: Chris Grass

Address: Director

Trustee

Name and Title: Jerry Brady

Address: Director

Trustee

Name and Title: Paul Raines

Address: Director

Trustee

Name and Title: _____

Address: _____

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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: Michael Forster Grand Knight
 Address: 1908 Silver Star Road
 Orlando, FL 32804

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Thomas Kuhn
 Address: 1908 Silver Star Road
 Orlando, FL 32804

2020 JUL 31 AM 10:12
 STATE OF FLORIDA
 DEPARTMENT OF STATE

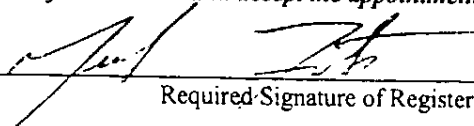
ARTICLE VIII EFFECTIVE DATE:

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.)

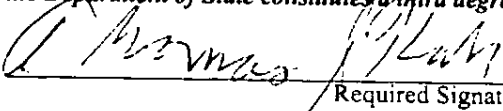
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7/26/20
 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

7/26/20
 Date