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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

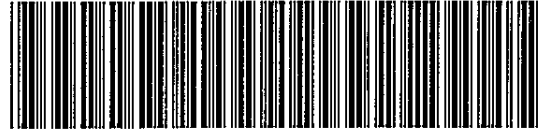
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TRANSMITTAL LETTER

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

SUBJECT: Everglades Islands Lodging Association, 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: Sheilah Strobel, President-Treasurer
Name (Printed or typed)

P. O. Box 430

Address

Chokoloskee Island, Florida 34138

City, State & Zip

239-695-2414

Daytime Telephone number

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:

Everglades Islands Lodging Association, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Chokoloskee Island Park, Chokoloskee, Florida 34138
Post Office Box 430, Chokoloskee, Florida 34138

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to promote public awareness of lodging opportunities in the Everglades Area
through combined resources of its members.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors are elected at the annual in March of each year.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

President - Sheilah Strobel
Vice-President - Sandee Harraden
Treasurer - Sheilah Strobel
Secretary - Sandee Harraden

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Sheilah Strobel, Chokoloskee Island Park
1150 Hamilton Lane
Chokoloskee, Florida 34138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sheilah Strobel
P. O. Box 430
Chokoloskee, Florida 34139

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.

Sheilah Strobel
Signature/Registered Agent

4/15/03
Date

Sheilah Strobel
Signature/Incorporator

Date

FILED
2003 APR 15 PM 3:26