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2003 JUL 22 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07-22-03
x

BILL MCFARLAND, P.A.

Attorney at Law

2930 Del Prado, Suite D, Cape Coral, Florida 33904
P.O. Box 101612, Cape Coral, Florida 33910

Phone: (239) 549-5680
Fax: (239) 549-0932

July 9, 2003

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

Dear Sirs:

Hello. ✓

Enclosed is a check for \$78.75 (\$70.00 plus \$8.75 for a certified copy) to cover the expense of filing the enclosed Articles of Incorporation for **THE KNIGHTS OF CAPE CORAL, INC.** Please file and return to:

Bill McFarland, P.A.
P.O. Box 101612
Cape Coral, Florida 33910

If you need anything else in order to fulfill this request, please contact me at the phone number or address listed above.

Thank you for your time and attention.

Sincerely,



Bill McFarland, Esquire



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 15, 2003

BILL MCFARLAND, P.A.
PO BOX 101612
CAPE CORAL, FL 33910

SUBJECT: THE KNIGHTS OF CAPE CORAL, INC.
Ref. Number: W03000020068

We have received your document for THE KNIGHTS OF CAPE CORAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filings Section

Letter Number: 003A00041654

RECEIVED
03 JUL 22 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Document
Now
Signed*

*Sorry Bill
McFarland*

FILED

2003 JUL 22 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
FOR
THE KNIGHTS OF CAPE CORAL, INC.

KNOW ALL MEN BY THESE PRESENTS:

That we, the undersigned, desirous of forming a corporation under the Laws of the State of Florida, and more particularly under the provisions of Florida Statutes, Chapter 617, and amendments thereto, governing non-profit Florida corporations, have entered into the following agreement:

ARTICLES

- 1) CORPORATE NAME - The name of the corporation shall be:
THE KNIGHTS OF CAPE CORAL, INC.
- 2) PRINCIPAL OFFICE - The initial principal office and mailing address of this corporation shall be located at:

1810 COUNTRY CLUB BLVD.
CAPE CORAL, FLORIDA 33990
LEE COUNTY, FLORIDA
- 3) CORPORATE PURPOSE - The corporation is formed for the following purposes:

The purpose of this corporation is to promote and extend fraternal, charitable, civic and social pursuits.
- 4) CORPORATE TERM - The Corporation shall continue for the term of Indefinite.
- 5) MANNER IN WHICH THE DIRECTORS ARE ELECTED. To be on the Board of Directors, you must be a third degree member in good standing in St. Andrew Council #7131 of the Knights of Columbus, and who shall have been a member of said council for two years prior to election as a Director of this corporation. Council members shall elect those who qualify to be a Director to the Board of Directors.

- 6) INITIAL BOARD OF DIRECTORS - The Board of Directors shall consist of not less than three individuals and the names of those agreed upon for the first year are:

NAME	RESIDENCE	Position
Arnold J. Egan Sr.	1810 Country Club Blvd. Cape Coral, Florida 33990	Director
Richard Bartoline	1120 SW 28 th Terrace Cape Coral, Florida 33914	Director
Anthony Alfano	5991 Milne Circle N. Ft. Myers, Florida 33903	Director

- 7) INITIAL OFFICERS - The officers agreed upon for the first year are:

NAME	RESIDENCE	Position
Arnold J. Egan Sr.	1810 Country Club Blvd. Cape Coral, Florida 33990	President
Richard Bartoline	1120 SW 28 th Terrace Cape Coral, Florida 33914	Treasurer
Anthony Alfano	5991 Milne Circle N. Ft. Myers, Florida 33903	Secretary

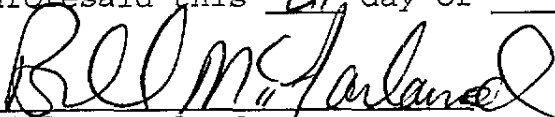
- 8) THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT - Anthony Alfano, 5991 Milne Circle, N. Ft. Myers, 33903, hereby accepts the appointment of Registered Agent, and agrees to act in this capacity until such time as a new Registered Agent is designated.

- 9) THE NAME AND ADDRESS OF THE INCORPORATOR IS:

NAME	ADDRESS
Bill McFarland, Esquire	2930 Del Prado, Suite D Cape Coral, FL 33904

I, the undersigned, being the above referenced Incorporator of THE KNIGHTS OF CAPE CORAL, INC., do hereby certify that the foregoing constitutes the Articles of Incorporation for THE KNIGHTS OF CAPE CORAL, INC.

Witness my hand and official seal in the County and State last aforesaid this 21 day of July, A.D. 2003.


Bill McFarland

STATE OF FLORIDA
COUNTY OF LEE

I HEREBY CERTIFY that on this 21st day of July, 2003, before me, an officer duly authorized to take oaths and take acknowledgments, personally appeared Bill McFarland known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that they executed the same, that I relied upon the following form of identification for the above named person: Personally known or

and that an oath (was) (was not) taken.



Sarah A. Johnsen
Commission # DD134006
Expires July 15, 2006
Bonded Thru
Atlantic Bonding Co., Inc.


NOTARY SEAL


NOTARY SIGNATURE

REGISTERED AGENT

ANTHONY ALFANO, 5991 Milne Circle, North Fort Myers, Florida 33903, hereby accepts the appointment of Registered Agent for THE KNIGHTS OF CAPE CORAL, INC., a Florida corporation, and agrees to act in this capacity until such time as a new Registered Agent is designated by a simple majority vote of the shareholders.

Witness my hand and official seal in the County and State last aforesaid this 2 day of July, A.D. 2003.


ANTHONY ALFANO

**STATE OF FLORIDA
COUNTY OF LEE**

I HEREBY CERTIFY that on this 2 day of July, 2003, before me, an officer duly authorized to take oaths and take acknowledgments, personally appeared ANTHONY ALFANO known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that they executed the same, that I relied upon the following form of identification of the above named person: personally known or

and that an oath (was) (was not) taken.

LENORE COHEN
Notary Public, State of Florida
My comm. exp. Nov. 6, 2005
Comm. No. DD 043410
NOTARY RUBBER STAMP SEAL


NOTARY SIGNATURE

LENORE COHEN
PRINTED NOTARY SIGNATURE