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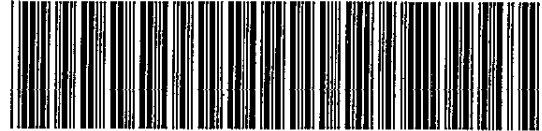
(Business Entity Name)

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03 OCT 27 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/11/11

TRANSMITTAL LETTER

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

SUBJECT: BARSON PARK VISIONING GROUP, 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 SCOTMAN  
Name (Printed or typed)

1430 NORTH CROOKED LAKE DRIVE  
Address

BARSON PARK, FLORIDA 32387  
City, State & Zip

863-676-1451  
Daytime Telephone number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

*The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:*

## ARTICLE I

### Name

The name of the corporation shall be:

Babson Park Visioning Group, Inc.

## ARTICLE II

### Principal place of business and mailing address

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

1430 North Crooked Lake Drive  
Babson Park, Florida 33827

P.O. Box 1  
Babson Park, Florida 33827

## ARTICLE III

### Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

To identify the future needs and wants of the Babson Park Community in the preservation of the quality of life in Babson Park/Crooked Lake and surrounding areas, through education, coordination and consultation with area residents. To work with local, regional and state officials in the furtherance of this purpose.

## ARTICLE IV

### Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

There shall be a minimum of 7 directors, whose terms shall each be two years. Directors' terms shall be staggered such that no more than 50% of the terms of the directors will expire in any single year. Vacancies shall be filled by vote of the membership following recommendation from a nominating committee comprised of members selected by the initial directors. Directors will be indemnified against actions brought as a result of performing in such capacity, as spelled out in the bylaws.

**Filing Fee: \$70.00**

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TALLAHASSEE, FLORIDA

**ARTICLE V**  
**Limitation of corporate powers**

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

No limitations

**ARTICLE VI**  
**Initial registered agent and street address**

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

Thomas Schotman  
1430 North Crooked Lake Drive  
Babson Park, Florida 33827

**ARTICLE VII**  
**Incorporators**

**See instructions for officers/directors**

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Thomas Schotman  
1430 North Crooked Lake Drive  
Babson Park, Florida 33827

Clyde Funk  
318 Beatty Road  
Babson Park, Florida 33827

Patty McKeeman  
211 Catherine Avenue  
Babson Park, Florida 33827

The above individuals will serve as the initial directors.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 13<sup>th</sup> day of October, 19 2003

Signature(s) of Incorporator(s):

Thomas Schotman Thomas Schotman  
Typed name of incorporator signing

Patty McKeeman Patty McKeeman  
Typed name of incorporator signing

Clyde Funk Clyde Funk  
Typed name of incorporator signing

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Babson Park Visioning Group, Inc.  
(must include suffix)

2. The name and address of the registered agent and office is:

Thomas Schotman

(Name)

1430 North Crooked Lake Drive

(Street address - P. O. Box not acceptable)

Babson Park, Florida 33827

(City/State/Zip)

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*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Thomas B Schotman

(Signature)

10/13/03

(Date)