

N05000000885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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1-27

## TRANSMITTAL LETTER

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

SUBJECT: Key Canal <sup>Maintenance</sup> ~~Management~~ <sup>Associates</sup> ~~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: Robert Stahlschmidt  
Name (Printed or typed)  
467 Avenida De Mayo  
Address  
Sarasota FL 34242-1904  
City, State & Zip  
941.349.6465  
Daytime Telephone number

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RECEIVED  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

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: *Key Canal Maintenance Association, Inc.*

## ARTICLE II PRINCIPAL OFFICE

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

*467 Avenida De Mayo  
Sarasota FL 34242-1904*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *to organize and manage rehabilitative dredging and maintenance of canals on Siesta Key*

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

*Directors will be appointed by the corporate Incorporator*

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Robert Stahlschmidt  
467 Avenida De Mayo  
Sarasota FL 34242-1904*

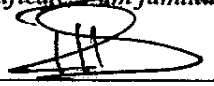
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

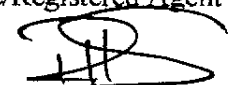
*Robert Stahlschmidt  
467 Avenida De Mayo  
Sarasota FL 34242-1904*

\*\*\*\*\*

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.

  
\_\_\_\_\_  
Signature/Registered Agent

*1/19/05*  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

*1/19/05*  
\_\_\_\_\_  
Date