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No.

COVER LETTER

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

SUBJECT: Friends of	of Northwest Regional Lite (PROPOSED CORPORATION)	orary, Inc. E NAME – <u>MUST INCLU</u>	DE SUFFIX)		
Enclosed is an original	and one(1) copy of the Articl	es of Incorporation and	a check for :	l .	
\$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 CO	DPY REQUIRED		
FROM: Michele A Soderholm Name (Printed or typed)			TALLAHASS	2008 MAY - I	
313 NE 17th Avenue			— Lt.I	`	-
Address			- E, FLORID	P# 3:	
Cape Coral, FL 33909 City, State & Zip				. <u> </u> 8	
	City, 3i	and de Zip			·
	239-772-1848 or 239-789-		_		
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:

Friends of Northwest Regional Library, Inc.

ARTICLE II PRINCIPAL OFFICE

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

313 NE 17th Avenue Cape Coral, FL 33909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Exclusively for charitable, scientific and educational purposes and to this end shall at all times be operated within the meaning of Section 501 (c) (3) of the internal Revenue Code of 1986, as now enacted or hereafter amended.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Annual meeting for 3 year term by vote of majority present

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Michele A Soderholm, Chairperson 313 NE 17th Avenue Cape Coral, FL 33909

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michele A Soderholm 313 NE 17th Avenue Cape Coral, FL 33909

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Michele A Soderholm 313 NE 17th Ave. Cape Coral, FL 33909

Having been named as registered agent to accept service of process for the	e above stated corporation at the place designated
in this certificate, I am familiar with and accept the appointment as registe	ered agent and agree to act in this capacity.
\sim \sim \sim \sim \sim	./ 1

Signature/Registered Agent

Michele O. Sole Rulin

Signature/Incorporator

Date

18/08

Date