

N10000003897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

*Cynthia Mitchell* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *Endorse*  
DATE *11-30-09*  
DOC. EXAM *75*

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. Shivers NOV 30 2009

**COVER LETTER**

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

SUBJECT: *Change NFP from State of RI to State of Florida*

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

**FEES:**

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

**OPTIONAL:**

Certificate of Status	\$ 8.75
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*Cynthia V. Mitchell*  
Name (printed or typed)

*2069 Isla de Palmar Cir*  
Address

*Naples, FL 34119*  
City, State & Zip

*239-269-2852*  
Daytime Telephone Number

*Cynthiam@iglide.net*  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**NOT FOR PROFIT  
CERTIFICATE OF DOMESTICATION**

The undersigned, Cynthia V. Mitchell, Director / CEO  
(Name) (Title)  
of Lanplighter Legacy Fund a foreign Corporation  
(Corporation Name)  
in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was February 1, 1994.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was State of Rhode Island.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Lanplighter Legacy Fund.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is Lanplighter Legacy Fund Incorporated.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was State of Rhode Island.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am Cynthia V. Mitchell Lanplighter Legacy Fund Incorporated  
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 23<sup>rd</sup> day of November, 2009.

Cynthia V. Mitchell  
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S. (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: *Lanplighter Legacy Fund Incorporated*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address shall be:

*2069 Isla de Paloma Cir.  
Naples, FL 34119*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized:

*to offer financial, educational  
and spiritual support both locally and nationally  
to individuals and groups who demonstrate a desire to  
enrich the health and well-being of others.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*Directors are appointed by the CEO*

**ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS**

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

*Cynthia V. Mitchell Director/CEO  
Robert D. Mitchell Secretary  
Catherine V. Fazzina Treasurer*

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

*Catherine V. Fazzina  
2069 Isla de Paloma Cir  
Naples, FL 34119*

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

*Cynthia V. Mitchell  
2069 Isla de Paloma Cir, Naples, FL 34119*

\*\*\*\*\*

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 am familiar with and accept the appointment as registered agent and agree to act in this capacity.

*Catherine V. Fazzina*  
\_\_\_\_\_  
Signature/Registered Agent

*11/23/09*  
\_\_\_\_\_  
Date

*Cynthia V. Mitchell*  
\_\_\_\_\_  
Signature/Incorporator

*11/23/09*  
\_\_\_\_\_  
Date

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