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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

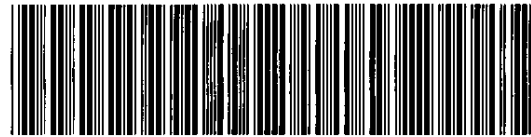
(Business Entity Name)

(Document Number)

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

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08/06/10--01014--006 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 AUG -6 PM 1:59

APPROVED  
AND  
FILED

Ps 8/10/10

## COVER LETTER

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

SUBJECT: Land O Lakes Rowing Club, 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: Mary Jane Kranendonk  
Name (Printed or typed)

2987 Lake Saxon Drive  
Address

Land O Lakes, FL 34639  
City, State & Zip

813.996.4718  
Daytime Telephone number

lolrowing@gmail.com  
E-mail address: (to be used for future annual report notification)

**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:

Land O Lakes Rowing Club, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

2987 Lake Saxon Drive  
Land O Lakes, FL 34639

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To promote, educate and train members in the sport of rowing

### **ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

By majority vote of the members

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

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

Mary Jane Kranendonk, President  
2987 Lake Saxon Drive  
Land O Lakes, FL 34639

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

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

Mary Jane Kranendonk  
2987 Lake Saxon Drive  
Land O Lakes, FL 34639

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Mary Jane Kranendonk  
2987 Lake Saxon Drive  
Land O Lakes, FL 34639

\*\*\*\*\*

*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.*

Mary Jane Kranendonk  
Signature/Registered Agent

8-3-10  
Date

Mary Jane Kranendonk  
Signature/Incorporator

\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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