

N10000011073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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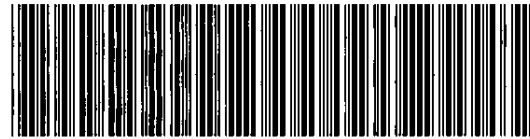
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 30 2010

## COVER LETTER

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

International Commodores Association Inc

**SUBJECT:** \_\_\_\_\_  
(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:** Alan Adams  
Name (Printed or typed)

9614 Cypress St.  
Address

Palm Beach Gardens ,FL 33410  
City, State & Zip

561-626-0911  
Daytime Telephone number

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: International Commodores Association Inc.

## **ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
441 Marlin Dr.  
North Palm Beach, FL 33408

Mailing address, if different is:  
P.O. Box 14838  
North Palm Beach, FL 33408

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to promote the growth of the yachting community  
and to foster the preservation of its customs, courtesies and traditions through education.

## **ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

Directors are chosen by majority vote of the members of the Association

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

Name and Title: Joseph Tringali - Commodore  
Address: 441 Marlin Dr.  
North Palm Beach, FL 33408

Name and Title: Alan Adams - Treasurer  
Address: 9614 Cypress St.  
Palm Beach Gardens, FL 33410

Name and Title: John Slattery - Rear Commodore  
Address: 22 Cedarwood Ct.  
Palm Coast, FL 32137

Name and Title:  
Address:

Name and Title: Richard Oakley Vice Commodore  
Address: P.O. Box 510752  
Punta Gorda, FL 33951-0752

Name and Title:  
Address:

## **ARTICLE VI REGISTERED AGENT**

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

Name: Joseph Tringali  
Address: 441 Marlin Dr.  
North Palm Beach, FL 33408

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alan Adams  
Address: 9614 Cypress ST.  
Palm Beach Gardens, FL 33410

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TALLAHASSEE, FLORIDA

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

  
Required Signature of Registered Agent

11/22/10  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Required Signature of Incorporator

11/22/10  
Date