

N11000000905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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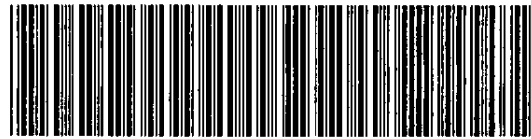
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

SUBJECT: PELICAN MARSH WOMEN'S LEAGUE  
(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: ANDREA MICHNA  
Name (Printed or typed)

1249 WAGGLE WAY  
Address

NAPLES, FL 34108  
City, State & Zip

239-594-7066  
Daytime Telephone number

andrea1104@aol.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: PELICAN MARSH WOMEN'S LEAGUE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1249 WAGGLE WAY  
NAPLES, FL 34108

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE THE OPPORTUNITY FOR ALL WOMEN RESIDENTS OF PELICAN MARSH TO ENJOY CULTURAL, SOCIAL & EDUCATIONAL ACTIVITIES IN THE SPIRIT OF FRIENDSHIP & COMMUNITY. THE LEAGUE SHALL BE A NON-PROFIT GROUP & SHALL FILE TAX RETURNS UNDER IRS SECTION 501(C), 527 OR 4947(a)(1) OF THE IRS

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

VOTING BY MEMBERSHIP

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

Name and Title: NATASHA LIDOW, PRES.  
Address: 9408 SWEET GRASS WAY  
NAPLES, FL 34108

Name and Title: BARBARA WILSON - V.P.  
Address: 1774 IVY POINTE CT.  
NAPLES, FL 34109

Name and Title: ANDREA MICHNA, SECY.  
Address: 1249 WAGGLE WAY  
NAPLES, FL 34108

Name and Title: MARTHA POLLOCK - V.P.  
Address: 8855 VENTURA DR.  
NAPLES, FL 34109

Name and Title: LOIS CHAPMAN SECRETARY  
Address: 1830 LES CHATEAUX BLVD  
#201  
NAPLES, FL 34109

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: NATASHA LIDOW  
Address: 9408 SWEET GRASS WAY  
NAPLES, FL 34108

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANDREA MICHNA  
Address: 1249 WAGGLE WAY  
NAPLES, FL 34108

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

Natasha Lidow

Required Signature of Registered Agent

1-18-11

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.

Andrea Michna

Required Signature of Incorporator

1-18-11

Date

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