

N1100-0002651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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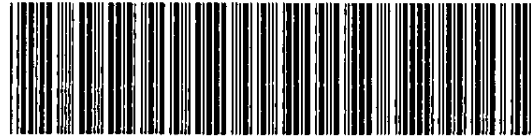
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: MYAKKA CITY FOUNDATION

(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: Carl Patrick, Esquire
Name (Printed or typed)

6151 Lake Osprey Drive
Address

Sarasota, FL 34240
City, State & Zip

330-524-3521
29304 Satellite Phone number

cpat102036@aol.com
E-mail address: (to be used for future annual report notification)

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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:

MYAKKA CITY FOUNDATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
29304 SADDLEBAG TRAIL
MYAKKA CITY FL 34251

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ASSIT MYAKKA CITY FL. RESIDENTS WHO ARE STRUGGLING FINANCIALLY DUE TO LIFE THREATENING ILLNESS, CHRONIC ILLNESS, OR MAJOR PHYSICAL INJURIES DUE TO AN ACCIDENT.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

THE INITIAL DIRECTORS (PERMANENT POSITIONS) SHALL BE APPOINTED BY THE INCORPORATOR. ADDITIONAL DIRECTORS WILL BE ELECTED BY MAJORITY OF MEMBERS ELIGIBLE TO VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **KELLY LANZA - DIRECTOR**
Address: 33950 SR 70 EAST
MYAKKA CITY FL 34251

Name and Title: _____
Address: _____

Name and Title: **ROSE RIGGLE - DIRECTOR**
Address: 29304 SADDLEBAG TRAIL
MYAKKA CITY FL 34251

Name and Title: _____
Address: _____

Name and Title: **CARL PATRICK - DIRECTOR/INCORPORATOR**
Address: 6151 LAKE OSPREY DRIVE
THIRD FLOOR
SARASOTA FL 34240

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: **CARL E PATRICK, ESQ.**
Address: 6151 LAKE OSPREY DRIVE
THIRD FLOOR
SARASOTA FL 34240

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **CARL E PATRICK, ESQ.**
Address: 6151 LAKE OSPREY DRIVE
THIRD FLOOR
SARASOTA FL: 34240

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

3/1/2011

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

3/1/2011

Date

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