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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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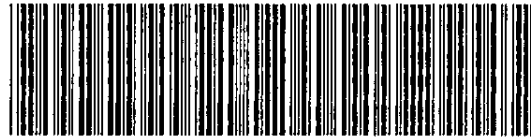
(Business Entity Name)

(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: CORVETTE CLUB OF SOUTH FLORIDA 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: JOSEPH CUTRONI  
Name (Printed or typed)

4024 N.W. 5<sup>TH</sup> DRIVE  
Address

DEERFIELD BEACH FL. 33442  
City, State & Zip

954-242-5332  
Daytime Telephone number

JCUTRONI@ATT.NET  
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: CORVETTE CLUB OF SOUTH FLORIDA INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4024 NW 5<sup>th</sup> DRIVE  
DANFELD BEACH FL 33442

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SOCIAL CAR CLUB WITH THE INTENT OF BRINGING TOGETHER  
PEOPLE WITH MUTUAL INTEREST IN CORVETTES

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

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

Name and Title: JOSEPH CUTRONI - President  
Address: 4024 NW 5<sup>th</sup> DRIVE  
DANFELD BEACH FL 33442

Name and Title: JOE LAZZARO - Secretary  
Address: 5419 PINE CIRCLE  
CORAL SPRINGS FL 33067

Name and Title: NORMAN GOLDBERG - Vice President  
Address: 2743 E. ABLACOR BLVD  
DANE, FL. 33328

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: ANTHONY SOTALLARO - Treasurer  
Address: 12403 CASCADES BLVD DRIVE  
BOCA RATON FL. 33428

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 CUTRONI  
Address: 4024 NW 5<sup>th</sup> DRIVE  
DANFELD BEACH FL 33442  
Joseph Cutroni

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSEPH CUTRONI  
Address: 4024 NW 5<sup>th</sup> DRIVE  
DANFELD BEACH FL 33442  
Joseph Cutroni

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

Joseph Cutroni  
Required Signature of Registered Agent

3/14/2011  
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.

Joseph Cutroni  
Required Signature of Incorporator

3/14/2011  
Date

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