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## COVER LETTER

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

SUBJECT: Bloomingdale Riverview Cert Corporation  
(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: Donald H. Maidlow  
Name (Printed or typed)

6712 Eagle Feather Drive  
Address

Riverview Florida 33578  
City, State & Zip

(813) 741-1328  
Daytime Telephone number

dmaidlow@tampabay.rr.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: Bloomingdale\_Riverview Cert Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
6712 Eagle Feather Drive  
Riverview Florida 33578

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Supporting and assisting emergency first response agencies and victims following natural or man made disasters in, and around the communities in which we live.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Consensus and vote of team members

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

Name and Title: Donald H. Maidlow, President  
Address: 6712 Eagle Feather Drive  
Riverview Florida 33578

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

Name and Title: Steve Novitske, Vice President  
Address: 2318 Lyncrest Court  
Valrico FL 33596

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

Name and Title: Roger Wetherington, Treasurer  
Address: 3001 Drakes Landing Court  
Valrico FL 33596

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: Donald H. Maidlow  
Address: 6712 Eagle Feather Drive  
Riverview Florida 33578

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Donald H. Maidlow  
Address: 6712 Eagle Feather Drive  
Riverview Florida 33578

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

Donald H. Maidlow

Required Signature of Registered Agent

06/15/2011

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.

Donald H. Maidlow

Required Signature of Incorporator

06/15/2011

Date

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