# N11000007529

(Requestor's Na	ıme)
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PICK-UP WAIT	Γ MAIL
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Special Instructions to Filing Officer	
Special instructions to Filing Officer	•

Office Use Only



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#### **COVER LETTER**

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

SUBJECT: North Port Police Explorers, Inc.						
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)						
Enclosed is an original	and one (1) copy of the Artic	les of Incorporation and	I a check for :			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate			
FROM:	North Port Police E	xplorers, Inc.				
4980 City Hall Blvd Address		_				
North Port, Fl 34286 City, State & Zip			_			
941-429-7300  4980 City Prest in red Telephone number			<del>-</del>			
4900 City Hall but exclusive natures						

E-mail address: (to be used for future annual report notification)

rdavidson@northportpd.com

NOTE: Please provide the original and one copy of the articles.



### RECEIVED

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## FLORIDA DEPARTMENT OF STATE INITION OF CORPORATIONS Division of Corporations

July 28, 2011

FLOYD DAVIDSON 4980 CITY HALL BLVD NORTH PORT, FL 34286

SUBJECT: NORTH PORT POLICE EXPLORERS, INC.

Ref. Number: W11000039672

We have received your document for NORTH PORT POLICE EXPLORERS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 511A00017837

**ARTICLES OF INCORPORATION**In compliance with Chapter 617, F.S., (Not for Profit)

North Port Police Explorers, Inc.

NAME

The name of the	corporation shall be:				
ARTICLE II	PRINCIPAL OFFICE		Mailing address is different in		
	Principal <u>street</u> address 4980 City Hall Blvd		Mailing address, if different is:		
	North Port, FL 34286				
ARTICLE III	<u>PURPOSE</u>				
The purpose for	which the corporation is organized is:				
control at no	r the betterment of our community. At cost. We also participate and organize Examples of events we participate in; Sh	non-profit charity fundr	raisers to provide within the		
ARTICLE IV	MANNER OF ELECTION The manner	er in which the directors are	elected and appointed:		
By Vote.  ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS			
	Title: Flovd Davidson-President				
Address:	4980 City Hall Blvd	Address:			
	4980 City Hall Blvd North Port, FL 34286				
Name and	Title:Scott Graham-Vice President	Name and Title:			
Address:	4980 City Hall Blvd	Address:			
•	North Port, FL 34286				
Name and	Title: Robert Davidson-Treasurer	Name and Title:			
Address:	4980 City Hall Blvd	Address:			
	North Port, FL 34286				
ARTICLE VI	REGISTERED AGENT				
The <u>name and F</u>	lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:	•		
Name:	Floyd Davidson		tin I		
Address:	4980 City Hall Blvd		TA AUG	*	
	North Port, FL 34286	<u> </u>	JG -8	The state of	
ARTICLE VII	INCORPORATOR		85 <b>c</b>	2100	
	ddress of the Incorporator is:		TO P		
Name:	Robert Davidson			3.	
Address:	4980 City Hall Blvd	<del></del>			
	North Port, FL 34286		54 <b>°</b>		
	med as registered agent to accept service of p familiar with and accept the appointment as reg			d in this	
	titional hour		08-04-2011		
	Required Signature of Registered Age	nt	Date		
	cument and affirm that the facts stated herein a nt of State constitutes a third degree felony as pr			ocument	
1	1120/		00.04.0044		
	Province Signature of Income	otor	08-04-2011 Date		
	Required Signature of Incorpora	ator	Date		