

N 11000007551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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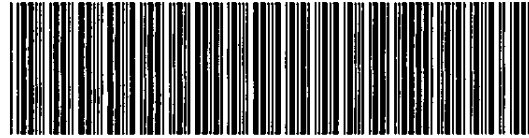
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 Aug 2011

## COVER LETTER

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

SUBJECT: Cajun Classic Foundation, 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: Charles W. Wininger, Jr.

Name (Printed or typed)

14541 Legends Blvd. N., #104

Address

Fort Myers, FL 33912

City, State & Zip

239/994-6494

14541 Legends Blvd. N., #104  
Fort Myers, FL 33912  
Telephone number

huckiewin@yahoo.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: **Cajun Classic Foundation, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
14541 Legends Blvd. N., #104  
Fort Myers, FL 33912

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Charitable Purposes

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

According to the Bylaws

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

Name and Title: <u>Charles W. Wininger Jr., President</u>	Name and Title: <u>Charles W. Wininger, Jr., Treasurer</u>
Address: <u>14541 Legends Blvd N., #104</u>	Address: <u>14541 Legends Blvd N. #104</u>
<u>Fort Myers, FL 33912</u>	<u>Fort Myers, FL 33912</u>

Name and Title: Susan S. Wininger, Vice President  
Address: 14541 Legends Blvd N., #104  
Fort Myers, FL 33912

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

Name and Title: Susan S. Wininger, Secretary  
Address: 14541 Legends Blvd N. #104  
Fort Myers, FL 33912

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: Charles W. Wininger, Jr.  
Address: 14541 Legends Blvd N., #104  
Fort Myers, FL 33912

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Charles W. Wininger, Jr.  
Address: 14541 Legends Blvd N., #104  
Fort Myers, FL 33912

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

Charles W. Wininger  
Required Signature of Registered Agent

August 2, 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.

Charles W. Wininger  
Required Signature of Incorporator

August 2, 2011

Date

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