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DIVISION OF CORPORATIONS  
2011 AUG -8 PM 3:24

8/9/11

## COVER LETTER

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

SUBJECT: Club of 42, 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 Judice

Name (Printed or typed)

1011 Bella Vista Blvd

Address

Apt 103

City, State & Zip

St Augustine, FL 32084

1011 Bella Vista Blvd, Apt 103  
St Augustine, FL 32084  
Phone number

LasPalmas\_underground@yahoo.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** Club of 42, Inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1011 Bella Vista Blvd Apt 103  
St. Augustine, FL 32084

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Club of 42 is being formed as a non-profit corporation to be the unofficial watch dog regarding the policies and actions of the Board of Directors and Management Company for Las Palmas on the Intracoastal. The Club will take legal action when necessary and will support Board candidates that are sympathetic to our cause.

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

Directors are nominated and elected each year by association members.

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

Name and Title: Dr. Charlie Judice, President

Address:

1011 Bella Vista Blvd Apt 103  
St. Augustine, FL 32084

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

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: Dr. Charles Judice

Address: 1011 Bella Vista Blvd Apt 103  
St. Augustine, FL 32084

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. Charlie Judice

Address: 1011 Bella Vista Blvd Apt 103

St. Augustine, FL 32084

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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 M. Judice

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 M. Judice

Required Signature of Incorporator

August 2, 2011  
Date