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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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632

COVER LETTER

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

SUBJECT: Carrollwood Professionals Network 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: Karla Nielsen
Name (Printed or typed)

11307 Galleria Drive
Address

Tampa Florida 33618
City, State & Zip

813-962-3972
Daytime Telephone number

info@knielsen@gate.net
E-mail address: (to be used for future annual report notification)

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DEPT. OF STATE

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: **Carrollwood Professionals Network Inc**

ARTICLE II PRINCIPAL OFFICE

Principal street address
11307 Galleria Drive
Tampa, FL 33618

Mailing address, if different is:
11307 Galleria Drive
Tampa, FL 33618

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this organization shall be to operate exclusively for those charitable and educational purposes specified in Section 501(c)(3) of the Internal Revenue Code. The specific purpose of Carrollwood Professionals Network Inc is to educate the membership on best business methods and practices, promote networking within the organization and to conduct such other not-for-profit business activities that further the common interests of the membership as approved by the Board of Directors.

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

By a vote of the membership

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karla Nielsen, President
Address: 11307 Galleria Drive
Tampa Florida 33618

Name and Title: _____
Address: _____

Name and Title: Wendell Hock, VP of Programs
Address: 3105 Reseda Court
Tampa Florida 33618

Name and Title: _____
Address: _____

Name and Title: Cindy Perkins, VP of Membership/ Treasurer
Address: Sunlake Professional Center
18942 N Dale Mabry Hwy
Lutz Florida 33548

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

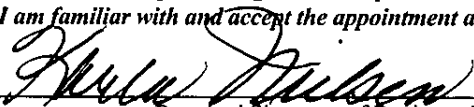
Name: Karla Nielsen
Address: 11307 Galleria Drive
Tampa Florida 33618

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Karla Nielsen
Address: 11307 Galleria Drive
Tampa Florida 33618

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

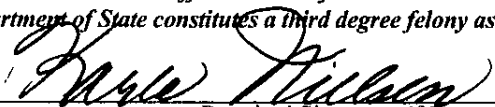


Required Signature of Registered Agent

8-09-11

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.



Required Signature of Incorporator

8-09-11

Date

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