

N11000008354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

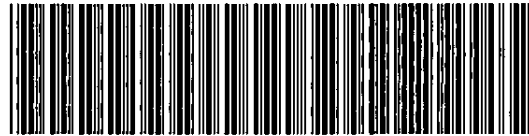
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L. Burch SER 6 2011

COVER LETTER

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

SUBJECT: The Villages of the 22nd Century 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: Marcia Lynn

Name (Printed or typed)

5055 Caspian Court

Address

Orlando FL 32819

City, State & Zip

407.294.0602

5055 Caspian Court Telephone number

mmarcialynn@aol.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: The Villages of the 22nd Century Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
5055 Caspian Court
Orlando Florida 32819

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A nonprofit foundation established to build schools, medical facilities and other infrastructure in remote villages to make them completely self-sufficient including power, waste water or fresh systems, agriculture, housing, education and development of "For Sale Goods"

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ernest F Lynn President
Address: 5055 Caspian Court
Orlando Florida 32819

Name and Title: _____
Address: _____

Name and Title: Marcia L Lynn Vice President
Address: 5055 Caspian Court
Orlando Florida 32819

Name and Title: _____
Address: _____

Name and Title: Lenita Frith CFO
Address: 265 Rose Petal Place
Altamonte Springs Florida 32701

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: Ernest F Lynn
Address: 5055 Caspian Court
Orlando Florida 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marcia L Lynn
Address: 5055 Caspian Court
Orlando Florida 32819

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

08/31/2011

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.

Required Signature of Incorporator

08/31/2011

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA