

N11000009148

(Requestor's Name)

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(City/State/Zip/Phone #)

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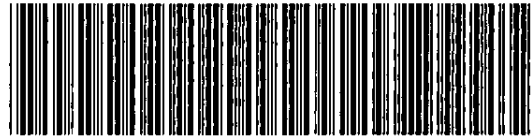
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP 28 PM 3:10

PS 9/28/11

COVER LETTER

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

SUBJECT: Rotaract Club of Naples, 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: Stephanie Smarge
Name (Printed or typed)

2023 River Reach Dr., #346
Address

Naples, FL 34104
City, State & Zip

239-777-4962
Daytime Telephone number

rotaractnaples@gmail.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME ROTARACT CLUB OF NAPLES, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2023 River Reach Dr. #346
Naples, FL 34104

11 SEP 28 PM 3:10
Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide an opportunity for young men and women to enhance the knowledge and skills that will assist them in personal development, to address the physical and social needs of their communities, and to promote better relations between all people worldwide through a framework of friendship and service.

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

Elected by members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Stephanie Smarge, President/Director</u>	Name and Title: <u>David Gordon, Treasurer/Director</u>
Address: <u>2023 River Reach Dr. #346</u>	Address: <u>16176 Parque Lane</u>
<u>Naples, FL 34104</u>	<u>Naples, FL 34110</u>

Name and Title: <u>Mitchell Fruecht, VP/Director</u>	Name and Title: <u>Katie Ray, Director</u>
Address: <u>9101 Brendan River Ct</u>	Address: <u>2166 Arbour Walk Circle #2411</u>
<u>Bonita Springs, FL 34135</u>	<u>Naples, FL 34109</u>

Name and Title: <u>Samantha Atzingen, Sec/Director</u>	Name and Title: <u>Kevin Rambosk, Director</u>
Address: <u>1964 Alamanda Dr. #10</u>	Address: <u>616 Binnacle Drive</u>
<u>Naples, FL 34102</u>	<u>Naples, FL 34103</u>

ARTICLE VI REGISTERED AGENT

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

Name: Stephanie Smarge
Address: 2023 River Reach Dr. #346
Naples, FL 34104

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephanie Smarge
Address: 2023 River Reach Dr. #346
Naples, FL 34104

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

Stephanie S. Smarge
Required Signature of Registered Agent

9-25-2011
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.

Stephanie S. Smarge
Required Signature of Incorporator

9-25-2011
Date