

N11000009978

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WH-52518

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 20 PM 3:59

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: MARINER SANDS CHARITY WEEK, 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: MARINER SANDS CHARITY WEEK, INC.
Name (Printed or typed)

6500 MARINER SANDS DRIVE
Address

STUART, FL. 34997
City, State & Zip

772- 283-1114
Daytime Telephone number

leighschmalz@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2011

MARINER SANDS CHARITY WEEK, INC.
6500 MARINER SANDS DRIVE
STUART, FL 34997

SUBJECT: MARINER SANDS CHARITY WEEK, INC.
Ref. Number: W11000052518

We have received your document for MARINER SANDS CHARITY WEEK, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 211A00023430

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: MARINER SANDS CHARITY WEEK, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6500 MARINER SANDS DRIVE
STUART, FL 34997

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RAISE MONEY FOR MARTIN COUNTY, FLORIDA CHARITIES.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed

THEY WILL BE APPOINTED BY THE CURRENT BOARD MEMBERS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEIGH SCHMALZ CHAIRMAN
Address: 6497 BALTUSROL TERRACE
STUART, FL 34997

Name and Title: EWALD BENDER TREASURER
Address: 6764 PACIFIC DRIVE
STUART, FL 34997

Name and Title: MARY McDONALD SECRETARY
Address: 5092 BRANDYWINE WAY
STUART, FL 34997

Name and Title: DOUGLAS DITMARS
Address: 5616 FOXCROSS PLACE
STUART, FL 34997

Name and Title: RAYMOND VAN CURA
Address: 6463 SPY GLASS LANE
STUART, FL 34997

Name and Title: DOUGLAS WILLIAMS
Address: 5862 OAKMONT PLACE
STUART, FL 34997

ARTICLE VI REGISTERED AGENT

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

Name: WILLIAM RAWLINSON
Address: 5130 BURNING TREE CIRCLE
STUART, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAYMOND VAN CURA
Address: 6463 SPY GLASS LANE
STUART, FL 34997

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

OCTOBER 7, 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

OCTOBER 7, 2011

Date