

N12000000223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

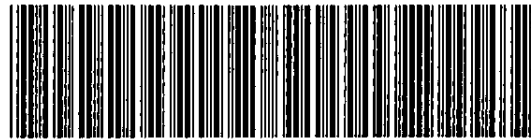
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12 JAN -6 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
W11-1139

T. Burch JAN 09 2012

COVER LETTER

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

SUBJECT: North Port Masonic Lodge F & AM 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: Sam Cohen
Name (Printed or typed)

3332 Bailey Palm Court
Address

North Port, Florida 34288
City, State & Zip

941-377-0273
5900 S. Bayshore Drive
Telephone number

sharon@glflamason.org
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

RECEIVED
12 JAN -6 PM 1:15
DIVISION OF CORPORATIONS

December 21, 2011

SAM COHEN
3332 BAILEY PALM COURT
NORTH PORT, FL 34288

SUBJECT: NORTH PORT MASONIC LODGE F&AM
Ref. Number: W11000063343

We have received your document for NORTH PORT MASONIC LODGE F&AM and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 111A00028407

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

ARTICLE I NAME

The name of the corporation shall be: North Port Masonic Lodge F & AM Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
5900 S. Biscayne Drive
North Port, Florida 34288

Mailing address, if different is:
c/o Sam Cohen, Secretary
3332 Baily Palm Court
North Port, FL 34288

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Fraternal organization fostering education and support charitable contributions

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

From and by the membership annually.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Godshall, Master(P)
Address: 1263 South Salford Blvd
North Port, FL 34287

Name and Title: Sam Cohen, Secretary(DS)
Address: 3332 Bailey Palm Court
North Port, Florida 34288

Name and Title: Andrew Wormington, Senior Grand Warden(1st VP)
Address: 4296 Dekk Ave
Port Charlotte, FL 34286

Name and Title: Tom Millaway, Treasurer(DT)
Address: 2702 Dalhart Avenue
North Port, FL 34286

Name and Title: Michael E. Cullen, Junior Grand Warden(2nd VP)
Address: 23194 Fawn Avenue
Port Charlotte, FL 34286

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: Richard E. Lynn, Grand Secretary
Address: 220 North Ocean Street
Jacksonville, FL 32202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Richard E. Lynn
Address: 220 North Ocean Street
Jacksonville, FL 32202

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

January 4, 2012

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

January 4, 2012

Date

FILED
12 JAN -6 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA