| NIZCOC | 001339 |
|--|---|
| (Requestor's Name) (Address) (Address) | 200219089812 |
| (City/State/Zip/Phone #) | 01/23/1201022006 **78.75 |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | SECHAL SARY OF STATE JUVISE V OF CORPORATIONS 12 FEB - 3 PH 3: 48 |
| Office Use Only | |
| 632-621e-6429-513 WIZ000045310 | 5 2/12/12 |

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

SUBJECT: FCYPAA239 In corporated (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 Sent Check w/

Gat attempt

\$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: _ MARK WENDLAND Name (Printed or typed) Address PM 3: 48 5967 FORT 560 - 4684 Daytime Telephone number Com @ gma Wend E-mail address: (to be used for future annual report notification)

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



RECEIVED

12 FEB - 3 PH 1: 16

FEB

PH 3:

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HVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 24, 2012

MARK WENDLAND 9147 FRANK ROAD FORT MYERS, FL 33967

SUBJECT: FCYPAA239INCORPORATED Ref. Number: W12000004536

We have received your document for FCYPAA239INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The title(s) in the officer/director field(s) is/are not acceptable.Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 112A00001734

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahasson Florida 32314

| | ARTICLES OF INCORPORATIOn ompliance with Chapter 617, F.S., (Not for | r Profit) Fil Fü |
|--|--|--|
| ARTICLE I NAME The name of the corporation shall be: FC | YPAA239IN CORPO | RATED DIVISION OF CORPOR |
| ARTICLE II PRINCIPAL OFFICE 9147 Francipal stree | t address | 12 FEB - 3 PM 3 Mailing address, if different is: |
| | | |
| ARTICLE III PURPOSE The purpose for which the corporation is org | ganized is: | cominars and conference |
| Helping repovering alc. | oholics through events, | seminars, and conference |
| v | | |
| | TION The manner in which the directors a | are elected and appointed: |
| | stated in by-laws | |
| ARTICLE V INITIAL OFFICERS Name and Title: | AND/OR DIRECTORS Name and Title: | |
| Address: | Address | |
| | | |
| Name and Title: | Name and Title: | |
| | A 11 | |
| | | |
| | | |
| Address: | Address: | |
| | _ | |
| ARTICLE VI REGISTERED AGEN | | |
| The name and Florida street address (P.O. I | Box NOT acceptable) of the registered agent | is: |
| Name: Rick Tho | | |
| Address: $12367-2$ F+ MV98 | Woodrose Ct. FL 33907 | |
| | | |
| ARTICLE VII INCORPORATOR | | |
| The <u>name and address</u> of the Incorporator is: Name: Mark We | | |
| Address: <u>9147 Fran</u> | K Road | ; |
| Et myers, | FL 33967 | |
| Having been named as revisioned as revisioned as | account compiles of process for the above st | uted corneration at the place designated in this |
| certificate, I am familiar yith and accept the | | ited corporation at the place designated in thi to act in this capacity |
| /// | 1 | 2-18-12 |
| | | - 1010 |
| Required Signatur | e of Registered Agent | Date |

M. M.M. Required Signature of Incorporator

2/1/12_____ Date

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