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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: Indian Lake Estates Revitalization Corporation
(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: Joanne Long

Name (Printed or typed)

6222 Arborea Dr., PO Box 7393

Address

Indian Lake Estates, FL 33855

City, State & Zip

863-692-0101

6222 Arborea Dr., PO Box 7393
Indian Lake Estates, FL 33855
Telephone number

MyDogLivesHere@aol.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

March 1, 2012

JOANNE LONG
PO BOX 7393
INDIAN LAKE ESTATES, FL 33855

SUBJECT: INDIAN LAKE ESTATES REVITALIZATION CORPORATION
Ref. Number: W12000012013

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

Please list the name of the corporation in Article I.

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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 012A00008305

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

ARTICLE I NAME

The name of the corporation shall be: Indian Lake Estates Revitalization Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address
6222 Arborea Dr.
Indian Lake Estates, FL 33855

Mailing address, if different is:
PO Box 7393
Indian Lake Estates, FL 33855

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The not for profit is created to initiate and fund raise for the revitalization of Indian Lake Estates, FL. The company intends to provide guidance, funds, educational materials and other acts related to revitalizing Indian Lake Estates, including, but not limited to:

1. Encouragement for all levels of public and private investors to provide services, improvements, information and incentives vital to the growth of the community.
2. Facilitate, coordinate and act as a resource for persons and entities seeking to further the goals of the company.

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

Majority vote of the Board

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joanne Long, President
Address: 6222 Arborea Dr.
PO Box 7393
Indian Lake Estates, FL 33855

Name and Title: _____
Address: _____

Name and Title: Glenn Morrison, Vice President
Address: 8860 Hwy 630 E
Frostproof, FL 33843

Name and Title: _____
Address: _____

Name and Title: David Long, Secretary/Treasurer
Address: PO Box 7393
6222 Arborea Dr.
Indian Lake Estates, FL 33855

Name and Title: _____
Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Joanne Long
Address: 6222 Arborea Dr.
PO Box 7393
Indian Lake Estates, FL 33855

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joanne Long
Address: 6222 Arborea Dr.
PO Box 7393
Indian Lake Estates, FL 33855

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

Joanne Long
Required Signature of Registered Agent

3-6-12
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.

Joanne Long
Required Signature of Incorporator

2-24-12
Date