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SECRETARY OF STATE
IALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: PARR, INCORPORATED, A NON-PROFIT ORGANIZATION (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 C	OPY REQUIRED	
FROM	705 LANTANIA D	PRIVE	CRETARY OF STAT	FILED 12 JUL 23 PM 3: 39
	772 473-6991 705 LAN DANJANGEN VE		g A C @ Not . Con	m I

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

COVER LETTER

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

SUBJECT BAREFOOT GOLF FOR TOTS A NON-PROFIT ORGANIZATION (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

**** FEES HAVE ALREADY BEEN PAID

Enclosed is an original	and one (1) copy of the Artic	les of incorporation and a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate			
		ADDITIONAL COPY REQUIRED			
FROM: ALOYSIUS (AL) STOLTZ Name (Printed or typed) 404 OSPREY DRIVE Address					
BAREFOOT BAY, FLORIDA 32976 City, State & Zip					
	772 473-6991 705 LANDANIANDERIVE	•			

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

Department of State Divisions of Corporations P. O. B. 6347 Tallahassee, Florida 32314

RE: A Non-Profit Corporation

To Whom It May Concern:

This is my first Non-Profit Corp. I hope I included all of the paperwork that is needed. Should you need any additional information, please contact me as I am the paralegal who is drawing up the paperwork. Please also let me know how long this will take to file and be approved. I haven't done a corporation in over five (5) years.

You and I have communicated in the past. Thanking you in anticipation for your cooperation.

Sincerely,

Victoria Rosso, Paralegal 3027 Langmaid Avenue SE Palm Bay, Florida 32909 (321) 327-3277 Home

(772) 359-9269 Cell

Enclosures

ARTICLES OF INCORPORATION

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

ARTICLE I	NAME			
The name of the co	orporation snall be: BAREFOOT GOLF FOR TO	OTS, INCORPO	DRATED	
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address			ddress, if different is:
	705 LANTANIA DRIVE	_	404 OSPREY	
	BAREFOOT BAY, FLORIDA 32976	-	BAREFOOT B	AY, FLORIDA 32976
ARTICLE III	PURPOSE			
	hich the corporation is organized is:			
TO RAISE CHAR	ITABLE CONTRIBUTIONS FOR UNDER-PRIV	ILEGED CHILI	DREN	
ARTICLE IV	MANNER OF ELECTION The manner in	which the direct	ors are elected and apt	pointed:
AS STATED IN	I THE BY-LAWS			•
	INITIAL OFFICERS AND/OR DIRECTO	RS		
Name and T	itle: ALOYSIUS (AL) STOLTZ, PRESIDENT	Name and Tit	ile: ALOYSIUS (AL) S	STOLTZ VICE PRESIDENT.
Address:	BAREFOOT BAY, FLORIDA 32976	_ Address:	40 4 -0 3PRPY -	RR FLORIDA 32976
	BAREFOOT BAY, FLORIDA 32976	-	BAREFOOTBA	AY: FLORIDA 32976
Name and T	itle:ELIZABETH HEALY, SECRETARY	– Name and Tit	tle: FLIZABETH HE	FALY TREASURER
Address:	450 BAREFOOT BAY BLVD.			OT BAY BLVD.
	BAREFOOT BAY, FLORIDA 32976			AY, FLORIDA 32976
		-		
Name and T	itle:		tle:	
Address:		_ Address:		
		-		
		_		<u>≯</u>
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of	the registered of	cont is:	5 <u>8</u> 2
Name:	ALOYSIUS (AL) STOLTZ	the registered a	30111 13.	
Address:	404 OSPREY DRIVE	- -		ASSE 23
	BAREFOOT BAY, FLORIDA 32976	-		H _⊆ W MI
		_		TA E O
ARTICLE VII	INCORPORATOR			<u>జ</u> ె≥్ ట
	dress of the Incorporator is:	•		39 IDA
	YSIUS F. (AL) STOLTZ	<u> 25</u> 7		υ ω
Address: 40	4 OSCREY DRIVE BAREFOOT BAY, FLORIDA 32976	_		
	DANGE GOT DATE LONDA GEOTO	- -		
Having been nam	ned as registered agent to accept service of proce	es for the above	e stated compration	at the place designated in this
certificate, I am fa	miliar with and accept the appointment as register	ed agent and ag	ree to act in this capa	city
	1.11/1/	, ,	•	•
()X	Required Signature of Registered Agent		<u> Ju</u>	14 /8, 2012
	Required Signature of Registered Agent			Date
I submit this docu	ment and affirm that the facts stated herein are tr	ue. I am aware	that any false inform	ation submitted in a document
to the Department	of State constitutes a shird degree felony as provid	ed for in s.817.1	55, F.S.	
/ \ /	1 / 1/1/1/		_	, .
J/4 6	1101		<u> </u>	/1/ 18 2012
	Required Signature of Incorporator) Date
	- Control of the Cont			