# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL

Account Number: I20030000112

: (239)552-4100

Phone Fax Number

: (239)649-1706

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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### FLORIDA PROFIT/NON PROFIT CORPORATION Florida Tri-County Challenged Athletes Association,

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Oct. 8. 2012 1:21P.M

SALVATORI & WOOD

No. 8138

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**ATTORNEYS AT LAW** 

(((H12000244563 3))) Salvatori, Wood & Buckel

9132 Strada Place, Fourth Ploor, Naples FL 34108-2683

SECRETARY OF STATE

Fax: 239.649.1706

Web: www.swbnaples.com

Leo J. Salvarori Direct: 239.552.4106 E-mail: ljs@swbnaples.com

October 8, 2012

#### VIA FAX

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

Re:

Florida Tri-County Challenged Athletes Association, Inc.

SWB File No. 15253-00001

#### Dear Sir/Madam:

I am the legal representative of Florida Tri-County Challenged Athletes Association, LLC.

Following this letter are proposed Articles of Incorporation to be filed for the name Florida Tri-County Challenged Athletes Association, Inc.

There is an existing limited liability company named Florida Tri-County Challenged Athletes Association, LLC.

This letter is being written as consent by Florida Tri-County Challenged Athletes Association, LLC to the incorporation of Florida Tri-County Challenged Athletes Association, Inc.

If you should have any questions in this regard, please do not hesitate to contact me.

Thank you.

Sincerely yours,

ATORI/WOOD & BUCKEL

LIS/scs

Prolaw: 658713

(((H12000244563 3)))

((HYZ6B0Z445653))

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

SUBJECT: Florida Tri-County Challenged Athletes Association, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original	and one (1) copy of the Ar	ticles of Incorporation and	d 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

EROM: Leo J. Salvatori

Name (Printed or typed)

9132 Strada Place, Fourth Floor
Address

Naples, FL 34108

City, State & Zip

239-552-4100

9024 King Parking Capphone number

scs@swbnaples.com

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

E-mail address: (to be used for future annual report notification)

Oct. 8. 2012 1:22PM

## SALVATORI & WOOD OF INCORPORATION In compliance with Chapter 617, P.S., (Not for Profit)

No. 8138 P. 4

	PRINCIPAL OFFICE		•
	Principal street address		Mailing address, if different is:
•	9024 King Street West		
	Ft. Myers, FL 33912	<del></del>	
RTICLE III	PURPOSE		1.0 <b>3</b>
he numose for v	which the corporation is organized is:		20 9
4 1	he participation of challenged indiv		
RTICLE IV	MANNER OF ELECTION The marm	er in which the director	rs are elected and appointed.
By appointm	ent of the surviving directors.	•	
ARTICLE V	<u>INITIAL OFFICERS AND/OR DIRE</u>		<b>"</b>
	Title: Kathy Samson, Director		:John B. Story, Director
Address:	9024 King Street West	Address:	25121 Pennyroyal Drive
	Ft. Myers, FL 33912	··	Bonita Springs, FL 34134
Nome and T	Pitte Richard Samson Director	Name and Title	e;
Address:	9024 King Street West		
7 2001 0001	Ft. Myers. FL 33912		
	Fitle: Linda C. Story, Director	Name and Titl	e:
Address:	25121 Pennyroyal Drive Bonita Springs, FL 34134	Address:	
ARTICLE VI	REGISTERED AGENT		
he <u>name and Fl</u>	REGISTERED AGENT orlda street address (P.O. Box NOT acceptab	le) of the registered ag	ent is:
The <u>name and Fl</u> Name:	orlda street address (P.O. Box NOT acceptable John B. Story		ent is:
The <u>name and Fl</u>	orlda street address (P.O. Box NOT acceptaber John B. Story 25121 Pennyroyal Drive	<del></del>	ent is:
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The <u>name and Fl</u> Name: Address: ARTICLE VII The <u>name and ad</u>	John B. Story  25121 Pennyroyal Drive Bonita Springs, FL 34134  INCORPORATOR Idress of the Incorporator is: Leo J. Salvatori Salvatori, Wood & Buckel		ent is:
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