

N12000010734

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(Address)

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12 NOV 13 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
11/14/12

COVER LETTER

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

SUBJECT: Fleet Advantage Foundation, 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: Fleet Advantage, LLC

Name (Printed or typed)

401 E. Las Olas Blvd., 17th Fl.

Address

Ft. Lauderdale, FL 33301

City, State & Zip

954-615-4400

Daytime Telephone number

mcrucilla@fleetadvantage.net

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

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

FILED

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

12 NOV 13 AM 10:39

ARTICLE I NAME

The name of the corporation shall be:

Fleet Advantage Foundation, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
401 E. Las Olas Blvd., 17th Fl.
Ft. Lauderdale, FL 33301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

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

As stated in the By-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Flynn, Director / President
Address: 401 East Las Olas Blvd., 17th Floor
Ft. Lauderdale, FL 33301

Name and Title: _____

Address: _____

Name and Title: Francesca Flynn, Director / Secretary
Address: 401 East Las Olas Blvd., 17th Floor
Ft. Lauderdale, FL 33301

Name and Title: _____

Address: _____

Name and Title: Brian Holland, Director / Treasurer
Address: 401 East Las Olas Blvd., 17th Floor
Ft. Lauderdale, FL 33301

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

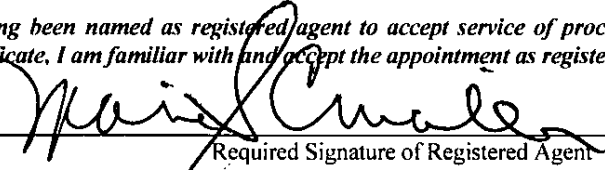
Name: Marie Crucilla
Address: 401 East Las Olas Blvd., 17th Floor
Ft. Lauderdale, FL 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

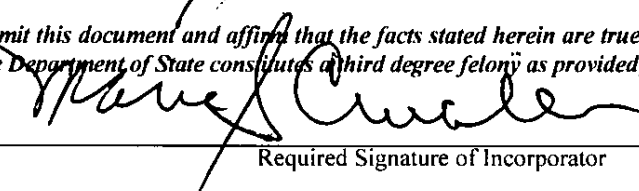
Name: Marie Crucilla
Address: 401 East Las Olas Blvd, 17th Fl
Ft. Lauderdale, FL 33301

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

11/7/12
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.


Required Signature of Incorporator

11/7/12
Date