

N120000011283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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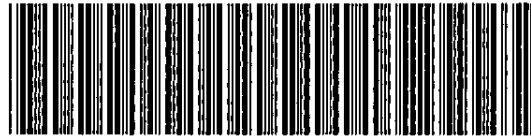
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 12/4

COVER LETTER

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

SUBJECT: Everglades Chapter Club Managers Association of America, 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: Lynn McEwen
Name (Printed or typed)

11481 Grande Oak Blvd
Address

Estero, FL 33928
City, State & Zip

239-791-6647
4606 West ~~Florida~~ Telephone number

lynnmcce@aol.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: Everglades Chapter Club Managers Association of America, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4606 West Bay Boulevard
Estero, FL 33928

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Professional association of Club Managers.

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

By vote of the membership of the Association

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Neneman
Address: 3501 Tasseflower Court
Bonita Springs, FL 34134

Name and Title: Lynn McEwen
Address: 6450 PGA Drive
Fort Myers, FL 33917

Name and Title: Lonnie Eberhard
Address: 8501 Sedonia Circle
Fort Myers, FL 33967

Name and Title: _____
Address: _____

Name and Title: Barbara Alderson
Address: 9618 Roundstone Circle
Fort Myers, FL 33967

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: Barbara Alderson
Address: 4606 West Bay Blvd
Estero, FL 33928

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lynn McEwen
Address: 11481 Grande Oak Blvd
Estero, FL 33928

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

Barbara Alderson
Required Signature of Registered Agent

11-18-12
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.

Lynn McEwen
Required Signature of Incorporator

11/17/12
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA