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4200
W13000019114



200246139842

04/02/13--01003--012 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 APR 22 PM 2:40

4/23/13

COVER LETTER

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

SUBJECT: Injured Biker Fund, 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: Kurt J Berkholtz
Name (Printed or typed)

901 SW 23rd Street
Address

Cape Coral, FL. 33991
City, State & Zip

239-244-7614
Daytime Telephone number

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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NOTE: Please provide the original and one copy of the articles.



RECEIVED

13 APR 22 PM 4:17

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2013

KURT J BERKHOLTZ
901 SW 23RD STREET
CAPE CORAL, FL 33991

SUBJECT: INURED BIKER FUND, INC.
Ref. Number: W13000019114

We have received your document for INURED BIKER FUND, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 813A00007721

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13 APR 22 PM 2:40

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Injured Biker Fund, Inc.

13 APR 22 PM 2:40

ARTICLE II PRINCIPAL OFFICE

Principal street address:
901 SW 23rd Street

Mailing address, if different is:

Cape Coral, FL. 33991

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide donated funding for motorcyclists injured in an accident, while riding in a reasonable and responsible manner, for the preservation of home and household.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed by the CEO
for the first 5 year term. Then elected by the remaining board on a five year or as needed basis.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kurt J Berkholtz/CEO

Address: 901 SW 23rd Street
Cape Coral, FL 33991

Name and Title: Suzanne Berkholtz/CFO

Address: 901 SW 23rd Street
Cape Coral, FL 33991

Name and Title: Raymond S. Leventhal/Director

Address: 1232 Bayou Street
Lehigh Acres, FL. 33974

Name and Title: Angel P. Cardenas/Director

Address: 18481 Pioneer Road
Ft. Myers, FL 33908

Name and Title: Robert M. Cadiz/Director

Address: 18694 Ackerman Avenue
Pt. Charlotte, FL. 33948

Name and Title: William G. McLandsborough/ Director

Address: 6641 Woods Island Circle
Apt. 202
Port St. Lucie, FL. 34952

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Kurt J Berkholtz
Address: 901 SW 23rd Street
Cape Coral, FL 33991

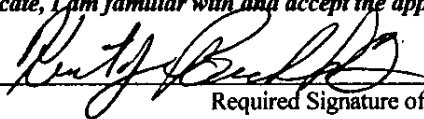
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kurt J Berkholtz
Address: 901 SW 23rd Street
Cape Coral, FL 33991

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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

4/18/13
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

4/18/13
Date