

N13000047/6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

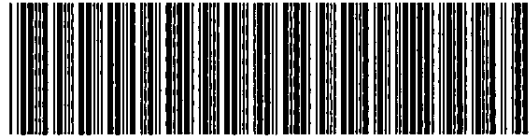
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/20/13--01028--016 **70.00

13 MAY 20 PM 1:49

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Ps 5/21/13

COVER LETTER

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

SUBJECT: THE SOUTH CAPE HOSPITALITY ASSOCIATION 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: Youssef Rashid
Name (Printed or typed)

5235 Ramsey Way, Suite 15
Address

Fort Myers, FL 33907
City, State & Zip

239-313-7166
Daytime Telephone number

flcpa97@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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

The South Cape Hospitality Association MAY 20 PM 1:49

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

5235 Ramsey Way Suite 15

Fort Myers , Fl 33907

Mailing address, if different is:

P.O. Box 62170

Fort Myers , Fl 33907

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Facilitate a cooperative partnership among businesses

within the district to create a welcoming and unique year round shopping, dining

and entertainment destination where people will have memorable experiences and

want to return; the improved economic viability will be returned to promote and enhance the distinctive

area know as South Cape.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Once elected the

Director shall serve a continuous term, until a successor has been elected and qualified.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lynn Pippenger (President)

Address

1023 S.E. 47th Terr

Cape Coral, Fl 33904

Name and Title: Denise L. Wood (Secretary)

Address:

139 S.W. 51st Terr

Cape Coral, Fl 33914

Name and Title: Magdalena Tengroth -Dyberg (V.P)

Address

1502 Miramar Street

Cape Coral, Fl 33904

Name and Title: Christopher Bacus (Treasurer)

Address:

1901 S.E. 13th Street

Cape Coral, Fl 33990

Name and Title:

Name and Title:

Address

Address:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: _____ 13 MAY 20 PM 1:49

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: Youssef Rashid
Address: 5235 Ramsey Way, Suite 15
Fort Myers, FL 33907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Youssef Rashid
Address: 5235 Ramsey Way, Suite 15
Fort Myers, FL 33907

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

Y. Rashid
Required Signature of Registered Agent

5/1/13
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 §817.155, F.S.

Y. Rashid
Required Signature of Incorporator

5/1/13
Date