

N1300004717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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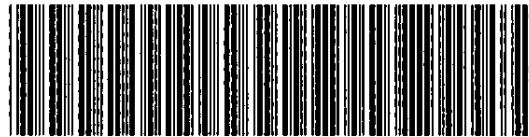
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAY 20 PM 1:54

Ps 5/20/13

## COVER LETTER

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

SUBJECT: THE SOUTH CAPE ENTERTAINMENT 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)

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be:

The South Cape Entertainment Association Inc.

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**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: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

13 MAY 20 PM 1:54

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: 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

5/15/13  
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.*

Y. Rashid

Required Signature of Incorporator

5/15/13  
Date