## N300009564

(Requ	iestor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ıment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	
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SECREDARY OF STATE

mD 10/23



September 26, 2013

MARK ZAMMETT 12632 ASTOR PLACE FORT MYERS, FL 33913

SUBJECT: OASIS COMMUNITY FOOD PANTRY, INC.

Ref. Number: W13000053624

We have received your document for OASIS COMMUNITY FOOD PANTRY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 813A00022666

## **COVER LETTER**

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

SUBJECT: Oasis Community Food Pantry, 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** 

\$87.50

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

RADIA: Mark Zammett

Name (Printed or typed)

12632 Astor Place

Address

Fort Myers, Fl. 33913

City, State & Zip

239 738 3572

Daytime Telephone number

mark\_zammett@yahoo.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:  Oasis Comp	munity Food Pantry, INC.
ARTICLE II PRINCIPAL OFFICE	
Principal <u>street</u> address:  1418 Homestead Rd . Lehigh Acres	
Florida 33936	9: 27
	D-
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	o provide food primarily but
	necessities those in need in the community.
The state of the s	2
*	<i>i</i>
•	
•	manner in which the directors are elected and appointed:
Directors are elected by appointment and	vote.
ARTICLE V INITIAL OFFICERS AND/OR L	DIRECTORS
Name and Title: Mark Zammett, Presiden	Name and Title Merari Scher-Sandy Pres.
Address 12632 Astor Place	706 Poinsettia Ave
Fort Myers , Fl. 33913	Lehigh Acres,
	Florida 33972
Name and Title: Michael Blaver Tron	Sylame and Title:
Address 4302574 St Sw	
La high Accord	
FL 33976	
Name and Title:	Name and Title:
Address	Address:

Name and Title	»:	Name and Title:	
Address		Address:	
•			CT 2 2
			<b>—</b> [1
Name and Title	;	Name and Title:	
Address		Address:	22 (7)
			· · · · · · · · · · · · · · · · · · ·
ARTICLE VI The name and 1	REGISTERED AGEN Florida street address (P.O. 1	T  Box NOT acceptable) of the registered agent is	X.
Name:	-Vves.	BUISSERETH	
Address:	Whoa Bou	PLAZA	
		FL 33936	
	() 1		
ARTICLE VII	INCORPORATOR		
	INCORPORATOR address of the Incorporator is:		
The <u>name and a</u> Name:	INCORPORATOR address of the Incorporator is:	i mmen	•
The <u>name and a</u>	INCORPORATOR  address of the Incorporator is:  MARK Z  12632 As	tmmett	
The name and a Name: Address:  Having been no	INCORPORATOR  address of the Incorporator is:  MARK Z  12632 As  Fort Myeu  amed as registered agent to	o, FL. 33913  accept service of process for the above stated	
The name and a Name: Address:  Having been no	INCORPORATOR  address of the Incorporator is:  MARK Z  12632 As  Fort My extended as registered agent to a familiar with and accept the	accept service of process for the above stated appointment as registered agent and agree to	act in this capacity
The name and a Name: Address:  Having been no	INCORPORATOR  address of the Incorporator is:  MARK Z  12632 As  Fort My extended as registered agent to a familiar with and accept the	accept service of process for the above stated appointment as registered agent and agree to	
Name: Address:  Having been no certificate, I am I submit this do	INCORPORATOR  address of the Incorporator is:  MARK Z  12632 As  For + My ex  amed as registered agent to a familiar with and accept the  Required Signature  cument and affirm that the form	accept service of process for the above stated appointment as registered agent and agree to e of Registered Agent	act in this capacity $ \frac{8 - 18 - 13}{\text{Date}} $ py false information submitted in a document
Name: Address:  Having been no certificate, I am I submit this do	INCORPORATOR  address of the Incorporator is:  MARK Z  12632 As  For + My ex  amed as registered agent to a familiar with and accept the  Required Signature  cument and affirm that the form	accept service of process for the above stated appointment as registered agent and agree to e of Registered Agent	act in this capacity $ \frac{8 - 18 - 13}{\text{Date}} $ py false information submitted in a document
Name: Address:  Having been no certificate, I am I submit this do	INCORPORATOR  address of the Incorporator is:  MARK Z  12632 As  Fort My ex  amed as registered agent to a familiar with and accept the  Required Signature cument and affirm that the familiar of State constitutes a third	accept service of process for the above stated appointment as registered agent and agree to e of Registered Agent acts stated herein are true. I am aware that and degree felony as provided for in s. 817.155, F.	act in this capacity $ \frac{8 - 18 - 13}{\text{Date}} $ py false information submitted in a document
Name: Address:  Having been no certificate, I am I submit this do	INCORPORATOR  address of the Incorporator is:  MARK Z  12632 As  Fort My ex  amed as registered agent to a familiar with and accept the  Required Signature cument and affirm that the familiar of State constitutes a third	accept service of process for the above stated appointment as registered agent and agree to e of Registered Agent	act in this capacity $ \frac{8 - 18 - 13}{\text{Date}} $ The properties of the properties o
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