## N/3000009699

(Requestor's Name)  (Address)	10025268730
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL	10/24/1301017019
(Business Entity Name)  (Document Number)	FALL
Certified Copies Certificates of Status  Special Instructions to Filing Officer:	AHASSEE, FLORID
REMOVED "SNAPT" ALPONYM FROM POCUMENT; ALSO ADDED "MANNER OF EXE TERM, PER TELEPHONE CONVERSATION WITH SUSON	TION!
Office Use Only 10/25/	  }

T 10/25/13

\*\*78.75

## **COVER LETTER**

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

SUBJECT: Society of Naples American Pilipino 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: Susana Doyle

Name (Printed or typed)

800 Willow Springs Ct

Address

Naples, Florida 34120

City, State & Zip

Daytime Telephone number

susieqsd@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)

The name of th	e corporation shall be: Society of Na	iples An	nerican Pilipino Inc.	13 ALL
ARTICLE II	PRINCIPAL OFFICE  Principal street address:		Mailing address, if different is	DCT 24 CINETARY AHASSE
135	51 Pine Street	-	P.O. Box 12018	EGS IN CONTRACTOR OF THE CONTR
Na	ples, Florida 34104		Naples, Florida 34101	25 33 TO A
ARTICLE III	PURPOSE or which the corporation is organized is:	e missio	on shall be to	promote
understa	inding, education, enlighter	nment, a	appreciation and enrich	ment through
the iden	tification, gathering, preser	ntation a	and dissemination of th	e history and
culture c	of the Philippines and Pilipi	ino Ame	ericans in Collier Count	y, Southwes
Florida a	and United State of America	a.		
	,			
ARTICLE IV		anner in which	the directors are elected and appointed:	
ARTICLE 1	INITIAL OFFICERS AND/OR DU	RECTORS		
Name and Titl	<sub>e:</sub> Casimira Umana	Name and T	itle: Jocelyn Pickens	
Address	6825 Grenadier Blvd. #602		6845 Lilac Lane	
	Naples, Florida 34108		Naples, Florida 3412	<u>20</u>
Name and Titl	Susana Doyle	Name and T	Esther Glass	
Address	800 Willow Springs Ct	Address:	1385 Cypress Wood	Dr
	Naples, Florida 34120	-	Naples, Florida 3410	)3
Name and Titl	<sub>e:</sub> Stela Abiva	Name and T	<sub>ritle:</sub> Herminia Lao	
Address	5575 Jonquil Circle #102	Address:	179 Audubon Blvd.	
	Naples, Florida 34109	-	Naples, Florida 341	10
		,		

Name and Titl	<sub>e;</sub> Ellen Cordova	Name and Title:	
Address	6845 Lilac Lane	Address:	
	Naples, Florida 34120		
Name and Title	2917 Ponler Street	Name and Title:Address:	
Name:	REGISTERED AGENT Florida street address (P.O. Box NOT acce Susana Doyle 800 Willow Springs Ct	ALLAH)	
Address:	Naples, Florida 34120	—————————————————————————————————————	2
ARTICLE VI The name and Name:	address of the Incorporator is: Susana Doyle		2 [] 5 9
Address:	800 Willow Springs (Naples, Florida 34120	<del></del>	
Having been n certificate, I an	named as registered agent to accept service in familiar with and accept the appointment	e of process for the above stated corporation at the place do as registered agent and agree to act in this capacity	_
	Trop to the	October 21, 2	<u>2013</u>
	Required Signature of Registered	•	
I submit this do to the Departm	ocument and affirm that the facts stated her ent of <u>State</u> constitutes a third <del>degr</del> ee felony	rein are true. I am aware that any false information submitte y as provided for in s.817.155, F.S.	ed in a document
	m de	October 21,	2013
	Required Signature of Inco	porator Date	<del></del>

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