

N13000010104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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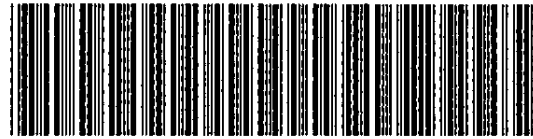
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 NOV - 7 AM 11:48

Ps 11/13

## COVER LETTER

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

**SUBJECT: INTERNATIONAL YACHTING INSTITUTE 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:** Alan Adams  
Name (Printed or typed)

9614 Cypress St.  
Address

Palm Beach Gardens ,FL 33410  
City, State & Zip

561-626-0911  
Daytime Telephone number

ASQPOPOP@me.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: **International Yachting Institute Inc**

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DIVISION OF CORPORATIONS

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
441 Marlin Dr.  
North Palm Beach, FL 33408

Mailing address, if different is:  
International Yachting Institute  
411 Walnut Street, Ste. 8832  
Green Cove Springs, FL 32043

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **to promote the education of the yachting community and to foster the preservation of its customs, courtesies and traditions..**

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

Directors are chosen by majority vote of the members of the Institute

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Richard Oakley  
Address: President  
P.O. Box 510752  
Punta Gorda, FL 339501-0752

Name and Title: Alan Adams-  
Address: Treasurer  
9614 Cypress St.  
Palm Beach Gardens, FL 33410

Name and Title: John Slattery  
Address: Vice President, Administration  
22 Cedarwood Ct.  
Palm Coast FL 32137

Name and Title: Joseph Tringali  
Address: Vice President, Education  
441 Marlin DR.  
North Palm Beach, FL 33408

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

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

**ARTICLE VI REGISTERED AGENT**

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

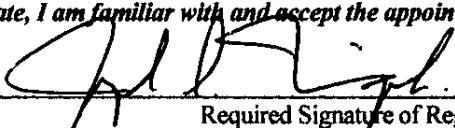
Name: Joseph Tringali  
Address: 441 Marlin Dr.  
North Palm Beach, FL 33408

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alan Adams  
Address: 9614 Cypress ST.  
Palm Beach Gardens, FL 33410

*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

11/3/2013  
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

11/3/2013  
Date