

N13000010703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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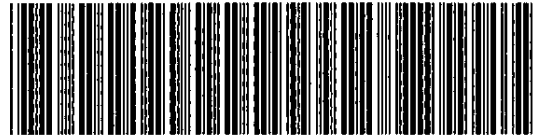
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECOND DEPT. OF STATE
TALLAHASSEE, FLORIDA

K 12/02/13

COVER LETTER

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

SUBJECT: LOTUS SHRINE GUILD, 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: LOTUS SHRINE GUILD
Name (Printed or typed)

5735 FOXLAKE DR
Address

N. FT. MYERS, FL 33917
City, State & Zip

239-217-0928
Daytime Telephone number

LYDIALO5313@GMAIL.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: LOTUS SHRINE GUILD, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5735 FOX LAKE DR #4
N. FT. MYERS, FL 33917

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a fraternal & philanthropic
organization. we raise funds which are
donated to the Shriners Hospitals for Children

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

election by membership present at annual
meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

PRESIDENT

Name and Title: SHIRLEY CAMPBELL Name and Title: ~~SHIRLEY~~ Lydia OWENS, TREASURER

Address 17765 DRACENA CIRCLE Address: 5735 FOX LAKE DR #4
N. FT. MYERS, FL 33917-2022 N. FT. MYERS, FL 33917-5661

Name and Title: LORE BAYLY, VICE Name and Title: _____
PRESIDENT

Address 23269 SWALLOW AVE. Address: _____
POET CHARLOTTE FL
33954-2548

Name and Title: GLADYS ADAMS, SECRETARY Name and Title: _____

Address 3384 NORTH KEY DR A-7 Address: _____
N. FORT MYERS FL
33903-4853

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CLERK OF STATE
TALLAHASSEE, FLORIDA

13 NOV 27 PM 1:11

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: Lydia E. OWENS

Address: 5735 FOXLAKE DR #4
N. FT. MYERS FL 33917-5661

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lydia E. OWENS

Address: 5735 FOXLAKE DR #4
N. FT. MYERS FL 33917-5661

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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

Lydia E. Owens
Required Signature of Registered Agent

11/23/13
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.

Lydia E. Owens
Required Signature of Incorporator

11/23/13
Date