

N130000011405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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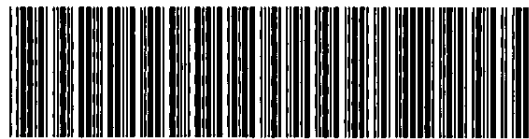
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: FORT MYERS POLICE FOUNDATION
(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: LARRY ROMANO
Name (Printed or typed)

2210 WIDMAN WAY
Address

FORT MYERS FL 33901
City, State & Zip

239-321-7740
Daytime Telephone number

Shoover@fmpolice.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: FORT MYERS POLICE FOUNDATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2210 WIDMAN WAY
FORT MYERS, FL 33901

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the Fort Myers Police Foundation is to provide needed and necessary equipment to the Fort Myers Police Department, that it cannot otherwise obtain itself for various reasons.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LAWRENCE ROMANO, PRES
Address: 9114 LINKS DRIVE
FT. MYERS, FL 33913

Name and Title: RODERICK WILLHOF, Vice Pres.
Address: 9104 LINKS DRIVE
FT. MYERS, FL 33913

Name and Title: Robert Speckart, SEC
Address: 9342 Independence Way
Ft. Myers, FL 33913

Name and Title: MARK NORDMAN, TREASURER
Address: 9181 INDEPENDENCE WAY
FT. MYERS, FL 33913

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

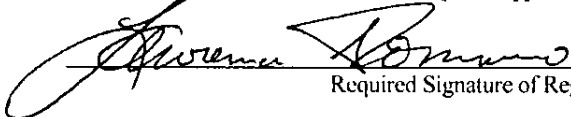
Name: LAWRENCE ROMANO
Address: 9114 LINKS DRIVE
FT. MYERS, FL 33913

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sean Hoover
Address: 2210 WIDMAN WAY
FT. MYERS, FL 33901

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

9-30-13
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.


Required Signature of Incorporator

9-30-13
Date