

N140000000496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

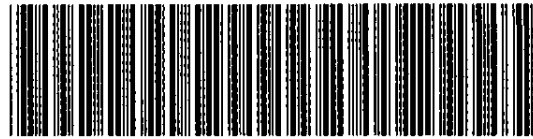
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200254899132

01/02/14--01019--004 \*\*70.00

FILED  
14 JAN 16 PM 3:01  
HONOLULU STATE  
ATTORNEY GENERAL

N14-707

md 1/17

## COVER LETTER

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

SUBJECT: North Port Masonic Charities for Needy Children, 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: Samuel P Cohen  
Name (Printed or typed)

3332 Bailey Palm Court  
Address

North Port, FL 34288  
City, State & Zip

941-377-0273  
Daytime Telephone number

secretary@northportmasons.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 6, 2014

SAMUEL P. COHEN  
3332 BAILEY PALM COURT  
NORTH PORT, FL 34288

SUBJECT: NORTH PORT MASONIC CHARITIES FOR NEEDY CHILDREN,  
INC.  
Ref. Number: W14000000707

We have received your document for NORTH PORT MASONIC CHARITIES FOR NEEDY CHILDREN, 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):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The registered agent must sign accepting the designation.

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: 614A00000249

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be: North Port Masonic Charities for Needy Children, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
5900 South Biscayne Blvd.

North Port, Fl 34287

Mailing address, if different is:  
c/o Samuel P Cohen, Secretary

3332 Bailey Palm Court

North Port, Fl 34288

14 JAN 16 PM 3:01  
STATE OF FLORIDA  
COUNTY OF S. PORT ST. LUCIE

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To raise funds for the Needy & Homeless children  
in the North Port Masonic Lodge Jurisdictional area (which at this time extends  
into the Port Charlotte area), and to subsidize the purchase of food, clothing,  
shoes, other essential needs, and Scholarships.

**ARTICLE IV    MANNER OF ELECTION**  
STATED IN THE BYLAWS.

The manner in which the directors are elected and appointed: Shall be

AS

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

Name and Title: Andrew P Wormington, PM (Director)

Address: 4296 Dekle Ave.  
North Port, Fl 34286

Name and Title: James Godshall, PM (Director)

Address: 1263 S Salford Blvd  
North Port, Fl 34287

Name and Title: Michael E Cullen, (President)

Address: 3768 BILLINGHAM LANE  
North Port, Fl 34288

Name and Title: Michael D Turpak, (1st VP)

Address: 3176 OLNEY COURT  
Port Charlotte, Fl 34286

Name and Title: Samuel P Cohen, (Secretary)

Address: 3332 Bailey Palm Court  
North Port, Fl 34288

Name and Title: Thomas J Millaway, (Treasurer)

Address: 2703 Dalhart Ave.  
North Port, Fl 34286

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: Samuel P Cohen

Address: 3332 Bailey Palm Court

North Port, FI 34288

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

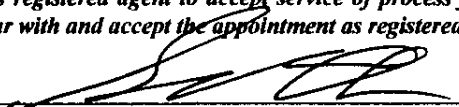
Name: Samuel P Cohen

Address: 3332 Bailey Palm Court

North Port, FI 34288

*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*

Samuel P Cohen

  
Required Signature of Registered Agent

January 2, 2014

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.*

Samuel P Cohen

  
Required Signature of Incorporator

January 2, 2014

Date

14 JAN 16 PM 3:01  
STATE  
AT TALLAHASSEE, FLORIDA

ED