

N14000002400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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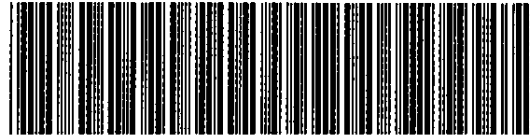
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N 03/12/14

COVER LETTER

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

SUBJECT: Mark "TROOPER" Garabics Golf Tournament Corp.
(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: Albert J. Cerrato
Name (Printed or typed)

1187 Barefoot Circle
Address

Barefoot Bay, FL 32976-7088
City, State & Zip

772.664.5598
Daytime Telephone number

ajclive6@att.net
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: Mark "TROOPER" Garabics Golf Tournament Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1187 Barefoot Circle

Mailing address, if different is:

Barefoot Bay, FL 32976-7088

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Annual Golf Tournament

In Memory of Mark Garabics, retired New Jersey State Trooper, who passed away.

TO RAISE MONEY FOR HIS KIDS SOCCER
LEAGUE & ARNOLD PALMER CHILDREN'S
HOSPITAL BURN UNIT

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed for running the committee -BY ORGANIZING GROUP OF
SAME

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Albert J. Cerrato: Chairman

Name and Title:

Address: 1187 Barefoot Circle
Barefoot Bay, FL 32976-7088

Address:

Name and Title: James Maher: Trustee

Name and Title:

Address: 707 Hyacinth Circle
Barefoot Bay, FL 32976 - 7664

Address:

Name and Title: Robert M. Roberts

Name and Title:

Address: 461 CHRIS AVE
Sebastian, FL 32958

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Albert J. Cerrato
Address: 1187 Barefoot Circle
Barefoot Bay, FL 32976-7088

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Albert J. Cerrato
Address: 1187 Barefoot Circle
Barefoot Bay, FL 32976-7088

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TALLAHASSEE, FLORIDA

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

ALBERT J. CERRATO

Required Signature of Registered Agent

February 27, 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.

ALBERT J. CERRATO

Required Signature of Incorporator

2/27/14

Date