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(Address)

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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: Landings Yacht Club, 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: Patrick D. Shields, CPA
Name (Printed or typed)

8695 College Pkwy, Suite 1124
Address

Fort Myers, FL 33919
City, State & Zip

239-344-9976
Daytime Telephone number

pat@patshields.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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Landings Yacht Club, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
5200 South Landings Dr.
Fort Myers, FL 33919

Mailing address, if different:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct a members only yacht club and all necessary activities.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: is by the majority vote of members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Woody Jones, President
Address: 4426 Windjammer Ln.
Fort Myers, FL 33919

Name and Title: Carole Lundgren, Treasurer
Address: 4406 Foremast Ct.
Fort Myers, FL 33919

Name and Title: Clyde Stearns, Vice President
Address: 4676 S. Landings Dr.
Fort Myers, FL 33919

Name and Title: Tom Shell, Director
Address: 12784 Yacht Club Circle
Fort Myers, FL 33919

Name and Title: Jan Perkett, Secretary
Address: 4506 Windjammer Ln.
Fort Myers, FL 33919

Name and Title: Nancy Suhadolnik, Director
Address: 4426 Mizzenmast Ct.
Fort Myers, FL 33919

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: Patrick D. Shields, CPA

Address: 8695 College Parkway, Suite 1124

Fort Myers, FL 33919

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ARTICLE VII INCORPORATOR

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

Name: Patrick D. Shields, CPA

Address: 8695 College Parkway, Suite 1124

Fort Myers, FL 33919

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

_____ 4-2-14

Required Signature of Registered Agent — 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.

_____ 4-2-14

Required Signature of Incorporator — Date