

NH4000003373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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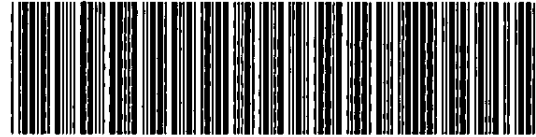
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 4/4

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)

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

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TALLAHASSEE, FLORIDA

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

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

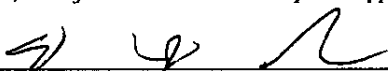
Name: Patrick D. Shields, CPA

Address: 8695 College Parkway, Suite 1124

Fort Myers, FL 33919

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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

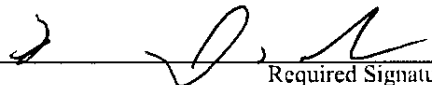


Required Signature of Registered Agent

4-2-14

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

4-2-14

Date