

N14000003596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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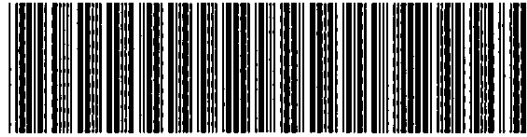
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR 11 PM 2:29

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MD 4/14

COVER LETTER

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

SUBJECT: Useppa Island Croquet 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: Dock A. Blanchard, Esq.

Name (Printed or typed)

PO Box 1869

Address

Ocala, FL 34478

City, State & Zip

352-732-7218

Daytime Telephone number

dblanchard@bmaklaw.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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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Useppa Island Croquet Club, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8115 Main Street

Mailing address, if different is _____

Bokeella, FL 33922

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to construct, own, operate, conduct and carry on a croquet club for the exclusive use of its members.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: the members shall determine the number of Directors, which shall not be less than three. Unless otherwise provided in the bylaws of the

corporation, each director shall be elected annually, at a regular or special meeting of the members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS called for that purpose.

Name and Title: Michael Albert, Pres.

Name and Title: Suzanne Trino, VP, Sec, Treas.

Address: 8115 Main Street
Bokeella, FL 33922

Address: 8115 Main Street
Bokeella, FL 33922

Name and Title: Jay Taylor, Director

Name and Title: _____

Address: 8115 Main Street
Bokeella, FL 33922

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Suzanne Trino

Address: 8115 Main Street

Bokeella, FL 33922

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Suzanne Trino

Address: 8115 Main Street

Bokeella, FL 33922

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

4/7/2014
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.


Required Signature of Incorporator

4/7/2014
Date