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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-15-14
ms

COVER LETTER

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

SUBJECT: HARBOR CORVETTES, 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: THOMAS C. SCHUCKEL
Name (Printed or typed)

200 HARBOR WALK DRIVE, #142
Address

PUNTA GORDA FL 33950-~~0000~~
City/State & Zip

(941) 505-0787
Daytime Telephone number

marytom2@comcast.net
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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: HARBOR CORVETTES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

26300 STILLWATER CIRCLE

PUNTA GORDA, FL 33955-4733

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROMOTE THE PRESERVATION OF THE

CORVETTE MARQUE. WE ARE A SOCIAL CLUB FOR THE PURPOSE OF ENJOYING OUR
CORVETTES.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

ANNUAL ELECTION BY THE GENERAL MEMBERSHIP

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RICHARD Z. SCOTT, PRESIDENT Name and Title: THOMAS C. SCHUCKEL, TREASURER

Address: 26300 STILLWATER CIRCLE Address: 200 HARBOR WALK DRIVE, #142
PUNTA GORDA, FL 33955-4733 PUNTA GORDA, FL 33950

Name and Title: SETH HOLLOWAY, VICE PRESIDENT Name and Title: _____

Address: 12323 LACKAWANNA LANE Address: _____
PORT CHARLOTTE, FL 33953

Name and Title: MARY SCHUCKEL, SECRETARY Name and Title: _____

Address: 200 HARBOR WALK DRIVE, #142 Address: _____
PUNTA GORDA, FL 33950

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR 14 PM 2:04

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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: RICHARD Z. SCOTT

Address: 26300 STILLWATER CIRCLE

PUNTA GORDA, FL 33955-4733

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: THOMAS C. SCHUCKEL

Address: 200 HARBOR WALK DRIVE, # 142

PUNTA GORDA, FL 33950

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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

Richard Z. Scott
Required Signature of Registered Agent

4-10-2014
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.

Thomas C. Schuckel
Required Signature of Incorporator

4-10-14
Date