

11400004158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

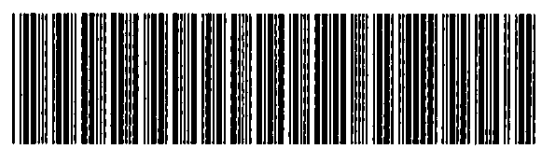
(Business Entity Name)

(Document Number)

Certified Copies   1        Certificates of Status       

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Office Use Only



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 APR 29 AM 8:40

*[Handwritten signature]*  
5.14

**COVER LETTER**

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

**SUBJECT:** Plein Air Palm Beach, 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:** Donna Walsh

Name (Printed or typed)

4823 S Lee Rd

Address

Delray Beach, FL 33445

City, State & Zip

561-499-3046

Daytime Telephone number

donnawalshwarren@gmail.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)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 APR 29 AM 8:40

**ARTICLE I NAME**

The name of the corporation shall be: Plein Air Palm Beach, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
4823 S Lee Rd, Delray Beach, FL 33445

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The specific purpose of Plein Air Palm Beach is to foster the education, participation, appreciation and exhibition opportunities for plein air painters in Palm Beach County.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Elected in accordance with the by-laws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

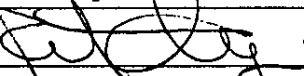
Name and Title: Donna Walsh, Director

Address: 4823 S Lee Rd.  
Delray Beach, FL 33445



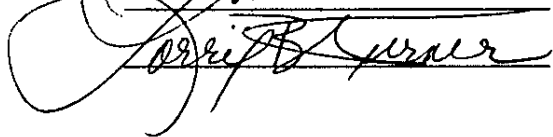
Name and Title: Lorrie B Turner, Director

Address: 2525 NW 13 Court  
Delray Beach, FL. 33445



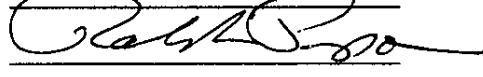
Name and Title: Patricia Maguire, Director

Address: 929 Fern Drive  
Delray, FL 33483



Name and Title: Ralph Papa, Director

Address: 8393 Grand Messina  
Boynton Beach, FL 33472



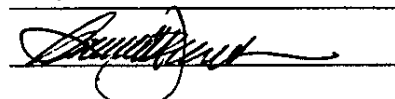
Name and Title: Frances Lynn, Director

Address: 4330 Camrose Ln.  
W.Palm Beach, FL 33417



Name and Title: Manuel Jomok, Director

Address: 857 Sun Acres Lane  
Boynton Beach, FL 33436



Name and Title: Stephen Nash, Director

Address: 19830 Sawgrass Drive  
Boca Raton, FL 33434

*(Signature of Stephen Nash)*

Name and Title: E. Frida Schragen

Address: 5280 Nesting Way Unit D  
Delray Beach  
FL 33484  
E. Schragen

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: Lorrie B Turner

Address: 2525 NW 13 Court  
Delray Beach, Florida. 33445

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Donna Walsh

Address: 4823 S Lee Rd  
Delray Beach, FL 33445

*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*

*(Signature of Lorrie B Turner)*  
\_\_\_\_\_  
Required Signature of Registered Agent

4/22/2014  
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.*

*(Signature of Donna Walsh)*  
\_\_\_\_\_  
Required Signature of Incorporator

4/22/2014  
Date