N14000004387

(Requ	uestor's Name)			
(Address)				
(Addr	ess)			
(City/	State/Zip/Phone) #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
MAY - 8 2014				
A. DUNLAP				





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THAY -7 AM 9: 44
SECRETARISSEE FLORIDA

Fee Exampt.

See DEP Letter

Attached.

Old.



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

MARJORY STONEMAN DOUGLAS BUILDING 3900 COMMONWEALTH BOULEVARD TALLAHASSEE, FLORIDA 32399-3000 RICK SCOTT GOVERNOR

CARLOS LOPEZ-CANTERA LT. GOVERNOR

HERSCHEL T. VINYARD JR. SECRETARY

March 14, 2014

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

To whom it may concern,

Aquatic Preserve Society Inc., will be formed as a nonprofit organization under the provisions of chapter 617, F.S. When incorporated, Aquatic Preserve Society Inc. will be a Citizen Support Organization pursuant to section 20.2551, F.S., operating for the direct and indirect benefit of the Department as outlined in a memorandum of agreement. In accordance with section 617.0122, F.S., this organization is exempt from any fees required for incorporation as a nonprofit organization. The Department respectfully asks that you not assess any such fees.

Sincerely,

Kevin Claridge

Florida Coastal Office: Director

COVER LETTER

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

SUBJECT: Aquatic Preserve Society, 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:	Elizabeth Donley		
	Name (Printed or typed)		
	5473 Henley St.		
	Address		
	Bokeelia, FL. 33922		
	City, State & Zip		
	(239) 283-2518		

Daytime Telephone number

lizdonley@embarqmail.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 II	ARTICLE I NAME The name of the corporation shall be: Aquatic Preserve Society, Inc.				
AKIICABII	PRINCIPAL OFFICE				
630 C	Principal <u>street</u> address: Dak Park Road		Mailing address, if different is:		
	choppy, FL. 32358		SECR ALLA	¥ T	
<u>-</u>			ASS	7-7	
	which the corporation is organized is:		red exclusively for charitable, educational, and	-	
	g of section 501 (c)(3) of the Internal Revenue (
	that qualify as exempt organizations unde				
	articular, to conduct programs and activitie	_			
	re, hold, invest, and administer, in its or				
	de grants; and make expenditures to or fo		· _	or Environmental	
Protection	n or individual units of the	departme	<u> </u>		
ARTICLE IV	MANNER OF ELECTION The ma	anner in which the	sha	Il be set forth	
In the hylau:	# 15		e directors are elected and appointed.		
iii tile bylaw	s of the corporation.		e directors are elected and appointed.		
ARTICLE V	s of the corporation. INITIAL OFFICERS AND/OR DID	RECTORS	e directors are elected and appointed.	_	
ARTICLE V	INITIAL OFFICERS AND/OR DI	·		_	
ARTICLE V Name and Title:	·	Name and Title	Teresa Cain; Director 144 Baymar Dr.		
ARTICLE V Name and Title:	INITIAL OFFICERS AND/OR DIT Taylor Phillips; Director	·	Teresa Cain; Director	-	
ARTICLE V Name and Title: Address	INITIAL OFFICERS AND/OR DI Taylor Phillips; Director 95 Bunting Drive	Name and Title	Teresa Cain; Director 144 Baymar Dr.		
ARTICLE V Name and Title: Address	INITIAL OFFICERS AND/OR DID Taylor Phillips; Director 95 Bunting Drive Crawfordville, Florida	Name and Title Address:	Teresa Cain; Director 144 Baymar Dr. Fort Myers Beach, FLorida 33931		
ARTICLE V Name and Title: Address Name and Title:	INITIAL OFFICERS AND/OR DID Taylor Phillips; Director 95 Bunting Drive Crawfordville, Florida 32327	Name and Title Address: Name and Title	Teresa Cain; Director 144 Baymar Dr. Fort Myers Beach, FLorida 33931		
ARTICLE V Name and Title: Address Name and Title:	INITIAL OFFICERS AND/OR DIT Taylor Phillips; Director 95 Bunting Drive Crawfordville, Florida 32327 Larry Nall; Director 630 Oak Park Rd	Name and Title Address:	Teresa Cain; Director 144 Baymar Dr. Fort Myers Beach, FLorida 33931 Karrie Jones, Director		
ARTICLE V Name and Title: Address Name and Title: Address	INITIAL OFFICERS AND/OR DIT Taylor Phillips; Director 95 Bunting Drive Crawfordville, Florida 32327 Larry Nall; Director	Name and Title Address: Name and Title	Teresa Cain; Director 144 Baymar Dr. Fort Myers Beach, FLorida 33931 Karrie Jones, Director 1218 NE 3rd Ave		
ARTICLE V Name and Title: Address Name and Title: Address	Taylor Phillips; Director 95 Bunting Drive Crawfordville, Florida 32327 Larry Nall; Director 630 Oak Park Rd Sopchoppy, Florida	Name and Title Address: Name and Title Address:	Teresa Cain; Director 144 Baymar Dr. Fort Myers Beach, FLorida 33931 Karrie Jones, Director 1218 NE 3rd Ave Crystal River, Florida 34428		
ARTICLE V Name and Title: Address Name and Title: Address	Taylor Phillips; Director 95 Bunting Drive Crawfordville, Florida 32327 Larry Nall; Director 630 Oak Park Rd Sopchoppy, Florida 32358	Name and Title Address: Name and Title Address:	Teresa Cain; Director 144 Baymar Dr. Fort Myers Beach, FLorida 33931 Karrie Jones, Director 1218 NE 3rd Ave Crystal River, Florida		

Name and Title:	Name and Title:			
Address	Address:			
Name and Title:	Name and Title:			
Address	•			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acc	reptable) of the registered agent is:			
Name: ELIZABETH DONG	<u> </u>			
Address: 5473 HENLEY	ST.			
BOYEELIA, FL 3.	<u>3922</u>			
ARTICLE VII INCORPORATOR				
The <u>name and address</u> of the Incorporator is:	m Nall			
Address: 630 Oak Park	Sopehoppy, FL 32358			
Sopchoppy, F	L 32358			
certificate, I am familiar with and accept the appointment	e of process for the above stated corporation at the place designated in this as registered agent and agree to act in this capacity			
Elizabeth Required Signature of Registere	4/25/2014 Ed 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.				
LMall	4/25/14			
Required Signature of Inco	orporator Date			