N14000004631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E 05/14/14

COVER LETTER

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

SUBJECT: Florida Sailfish Swim Team, 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: Annette Feliciano-Zavalaga
Name (Printed or typed)

1304 NE 19TH COURT
Address

Cape Coral, FL 33909
City, State & Zip

239-671-7420
Daytime Telephone number

Hajnalka.Egri-Martin@BVHS.org
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: FLORIDA SAILFISH SWIM TEAM, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1304 NE 19TH COURT

CAPE CORAL, FL. 33909

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR the MISSION that FLORIDA SAILFISH SWIM TEAM is to TRAIN All LEVELS OF SWIMMERS, EMPHASIZING INDIVIDUAL PROGRESS, TEAM UNITY AND FAMILY PARTICIPATION.

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

INITIAL BOARD APPOINTED - THEREAFTER ANNUAL ELECTIONS by Club Membership.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HAJNAIKA EGRI-MARTIN - PRESIDENT.

Address: 1004 NW 9TH Place, Cape Coral FL 33993

Name and Title: FRANK (SCOTT) GLOVER - VICE PRESIDENT.

Address: 16271 HORIZON RD. N. FT. MYERS FL. 33917

Name and Title: JEAN (GINA) LOMBARDO

Address: 16230 Bentwood Palms Dr Fort Myers, FL 33908

Name and Title: ANNETTE FELICIANO-PANALAGA - SEC./TREAS.

Address: 1304 NE 19TH CT. CAPE CORAL FL. 33909.

Name and Title: FRANK MORENO

Address: 2520 SW. 32ND STREET CAPE CORAL FL. 33914

Name and Title:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ANNETTE FELICIANO-ZAVALAGA

Address: 1304 NE 19TH CT.

CAPE CORAL, FL. 33909

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ANNETTE FELICIANO-ZAVALAGA

Address: 1304 NE 19TH CT.

CAPE CORAL, FL. 33909

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SECRETARY OF STATE
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 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 Date