

N/A 0000006344

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Lincoln Park Showcase 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: Peggy Brown Harris
Name (Printed or typed)

2702 Avenue I
Address

Ft. Pierce, FL 34947
City, State & Zip

772-462-2481
Daytime Telephone number

lincolnparkmainstreet@Live.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 I NAME

The name of the corporation shall be: Lincoln Park Showcase, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1234 Ave D

Mailing address, if different is:

Ft. Pierce, FL 34950

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To conduct any and all lawful business in order to disseminate information via print and electronic transmission, concerning the Lincoln Park Communities' activities, events, history, concerns and citizens perspectives.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The directors are nominated and voluntarily agree to serve yearly.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peggy Brown Harris ~~Name~~ Title: Pres.

Address: 2702 Avenue I Address: Ft. Pierce, FL 34947

Name and Title: Leon Porter ~~Name~~ Title: Vice Pres.

Address: 1810 Ave D Address: Ft. Pierce, FL 34950

Name and Title: Bennie Clark, Sr. ~~Name~~ Title: Sec/Treas.

Address: 1812 Avenue M Address: Ft. Pierce FL 34950

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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:

Pam Carithers

Address:

1234 Ave D.

Ft. Pierce, FL 34950

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Peggy Harris

Address:

2702 Avenue I

Ft. Pierce, FL 34947

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] Print Name
Required Signature of Registered Agent

6-25-14
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]
Required Signature of Incorporator

6/25/14
Date