

N14000006387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

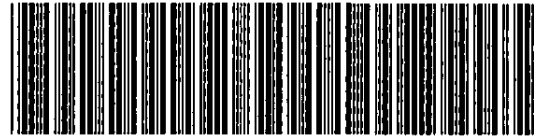
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUL -7 AM 10:11

2014000039302  
7/1/14

## COVER LETTER

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

SUBJECT: The Green Swamp Assistance Foundation  
(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: Gary M. Berglin  
Name (Printed or typed)

2516 Squaw Creek  
Address

Clermont, FL 34711  
City, State & Zip

352-243-2976  
Daytime Telephone number

gberglin@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2014

GARY BERGLIN  
2516 SQUAW CREEK  
CLERMONT, FL 34711

SUBJECT: THE GREEN SWAMP ASSISTANCE FOUNDATION  
Ref. Number: W14000039308

We have received your document for THE GREEN SWAMP ASSISTANCE FOUNDATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain  
Regulatory Specialist II

Letter Number: 714A00013668

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: The Green Swamp Assistance Foundation Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2516 Squaw Creek  
Clermont, FL 34711

Mailing address, if different is:

/

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to raise funds for military veterans and first responders in their time of need

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/  
/  
/

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUL - 7 AM 2014

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: by an annual election.

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

Name and Title: Anthony A. Bufrano, Pres.

Address: 478 Little Roc Street  
Ocoee, FL 34761

Name and Title: Timothy B. Martin, Vice President

Address: 15708 Allmand Drive  
Hudson, FL 34667

Name and Title: Gary M. Berglin, Sec.

Address: 2516 Squaw Creek  
Clermont, FL 34711

Name and Title: Leonard C. Collette, Treasurer

Address: 1330 4th Street  
Clermont, FL 34711

Name and Title:

Address:

/

Name and Title:

Address:

/

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:

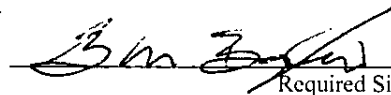
Name: Gary M. Berglin  
 Address: 2516 Squaw Creek  
Clermont, FL 34711

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gary M. Berglin  
 Address: 2516 Squaw Creek  
Clermont, FL 34711

*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

Jan 18, 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.*

