

N14000006739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

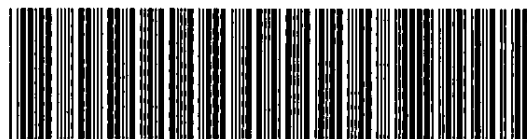
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/18/14

**COVER LETTER**

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

**SUBJECT: Gulf Volleyball Association, 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: **Karen Lookabaugh**  
Name (Printed or typed)

**1018 SW 4th Place**  
Address

**Cape Coral, FL 33991**  
City, State & Zip

**239-772-9355**  
Daytime Telephone number

**karenlook@embarqmail.com**  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**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: Gulf Volleyball Association, Inc.

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**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
1018 SW 4th Place

Cape Coral, FL 33991

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To better volleyball officiating. To maintain a standard of qualifications for officials and to promote a high standard of integrity and sportsmanship among officials, coaches, and players.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Directors are elected by secret ballot by a majority vote of the Members as provided in the bylaws.

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

Name and Title: Gil Whitmore - President  
Address: P.O. Box 151373  
Cape Coral FL 33915

Name and Title: Cricket Smith - Board Member  
Address: 1018 SW 4th Place  
Cape Coral FL 33991

Name and Title: George Notary - Vice-Pres.  
Address: 635 110th Ave. North  
Naples FL 34108

Name and Title: Lou Ann King - Board Member  
Address: 8220 Pacific Beach Dr.  
Ft. Myers FL 33966

Name and Title: Karen Lookabaugh - Secretary/Treasurer  
Address: 1018 SW 4th Place  
Cape Coral FL33991

Name and Title: Pam Forsyth - Board Member  
Address: 8227 Lake San Carlos Circle S.  
Fort Myers FL 33912

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: Karen Lookabaugh  
Address: 1018 SW 4th Place  
Cape Coral FL 33991

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Karen Lookabaugh  
Address: 1018 SW 4th Place  
Cape Coral FL 33991

*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*

Karen Lookabaugh  
Required Signature of Registered Agent

7/14/20014  
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.*

Karen Lookabaugh  
Required Signature of Incorporator

7/14/2014  
Date

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