

N14UXX007743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

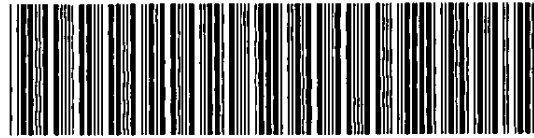
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/20/14--01001--008 **78.75

RECEIVED
14 AUG 19 PM 3:49
DIVISION OF CORPORATION

FILED
2014 AUG 19 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Baycross Christian Family Foundation, Inc

Signature _____

Requested by: SETH

08/19/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ ☒ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

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

SUBJECT: **Baycross Christian Family Foundation, 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: **Martoccio & DeFilippo, P.A.**
Name (Printed or typed)

3380 Woods Edge Circle, Ste. 104
Address

Bonita Springs, FL 34134
City, State & Zip

(239)495-9007
Daytime Telephone number

greg@bonitalaw.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:

Baycross Christian Family Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

16315 Baycross Drive

Lakewood Ranch, FL 34202

Mailing address, if different is:

SAME

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide assistance to members of the public who
are in need and meet certain criteria as set forth by the Foundation's Executive Committee
or as provided by the Corporation's Bylaws

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By a majority vote
of the shareholders and/or a majority of the Executive Committee or as stated in the Corporation's Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James N. Doyle, Jr. Name and Title: _____

Address 16315 Baycross Drive Address: _____
Lakewood Ranch, FL 34202

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: Gregory A. Martoccio
Address: 3380 Woods Edge Circle, Ste. 104
Bonita Springs, FL 34134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James N. Doyle, Jr.
Address: 16315 Baycross Drive
Lakewood Ranch, FL 34202

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

08/18/2014
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.817.153, F.S.


Required Signature of Incorporator

08/18/2014
Date