

N140000007916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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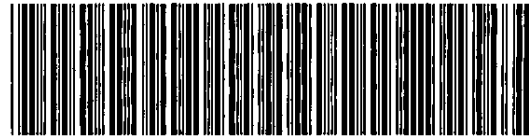
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: SPiRiT OF ENGLEWOOD 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: RUSS KYPER  
Name (Printed or typed)

281 PARK FOREST BLVD.  
Address

ENGLEWOOD FL 34223  
City, State & Zip

941 474-7632  
Daytime Telephone number

RUSSKYPER@YAHOO.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: SPIRIT OF ENGLEWOOD INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

281 PARK FOREST BLVD.

ENGLEWOOD FL 34223

Mailing address, if different is:

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ALLAHBACH FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THIS CORPORATION IS ORGANIZED EXPRESSLY FOR CHARITABLE, EDUCATIONAL, AND RECREATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501-(C)-(3) OF THE IRS CODE.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: DIRECTORS WILL BE ELECTED BY MAJORITY TWO THIRDS VOTE.

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

Name and Title: DON LANDIS

Address

202 SOUTH DRIVE  
ENGLEWOOD FL 34223

Name and Title: PETE WALLIS

Address:

445 YALE ST  
ENGLEWOOD FL 34223

Name and Title: RUSS KYPER

Address

281 PARK FOREST BLVD  
ENGLEWOOD FL 34223

Name and Title:

Name and Title: DONALD MUSILLI

Address

1141 ARBROID DR  
ENGLEWOOD FL 34223

Name and Title:

Address:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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DEPT. OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RUSS KUPER

Address: 281 PARK FOREST BLVD.  
ENGLEWOOD FL 34223

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DONALD MUSILLI

Address: 1141 ARBORD DRIVE  
ENGLEWOOD, FL 34223

*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*

Russ Kuper  
Required Signature of Registered Agent

08-20-14  
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.*

Donald Musilli  
Required Signature of Incorporator

8/20/14  
Date