

N14000009741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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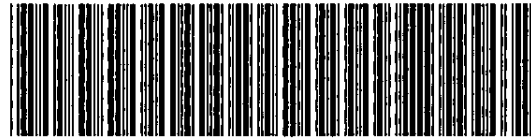
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: The Stuber 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: Lisa Shults  
Name (Printed or typed)

2248 Meridian Blvd., Ste. H  
Address

Minden, NV 89423  
City, State & Zip

775-284-7167  
Daytime Telephone number

info@corporatedirect.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: The Stuber Foundation, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

146 2nd St. N. Ste. 310

St. Petersburg, FL 33701

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Charitable foundation to provide relief  
to economically challenged seniors.

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed:

they are elected

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

Name and Title: Jason A. Stuber, President and Director

Address: 146 2nd St. N., Ste. 310  
St. Petersburg, FL 33701

Name and Title: Glenn R. Kahler, Treasurer and Director

Address: 1540 Claiborne Pl.  
Knoxville, TN 37917

Name and Title: Jennifer J. Moheyer-Daniels, Secretary and Director

Address: 1455 Pennsylvania Ave NW, Ste. 400  
Washington, DC 20004

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

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

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

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

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

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

(conti.)

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: Gerri Detweiler

Address: 1037 Greystone Lane

Sarasota, FL 34232

14 OCT 21 PM 1:39  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Lisa Shults

Address: 2248 Meridian Blvd., Ste. H

Minden, NV 89423

*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*

Gerri Detweiler

Required Signature/Registered Agent

10/13/2014

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

Lisa Shults

Required Signature/Incorporator

10/13/2014

Date