

n140000 11 007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

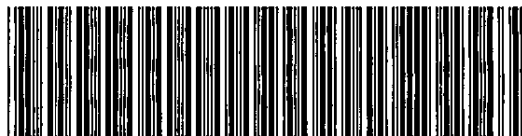
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400266928284

12/01/14--01027--009 \*\*78.75

DEC - 1 PM 1:40

RECEIVED  
DIVISION OF REVENUE  
JAN 1 2015

DEC - 3 2014

T. SCOTT

## COVER LETTER

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

SUBJECT: FL ELKS SSW PDD ASSOCIAN, 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: Peter Vaphiades  
Name (Printed or typed)

24276 Buckingham Way  
Address

Port Charlotte, FL 33980  
City, State & Zip

941-623-9686  
Daytime Telephone number

petervaff@comcast.net  
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: FL ELKS SSW PDD ASSOCIAN, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

24276 Buckingham Way  
Port Charlotte, FL 33980

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Past District Deputy's  
of The Florida ELKS SSW District To promote  
ELKS Charities and Assist the lodges in our  
District

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: at  
The Annual meeting of the Assoc by vote.

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

Name and Title: Tyrone Mackenzie President

Address: 613 Portside Dr  
Venice, FL 34287

Name and Title: Kay Neilley Secretary

Address: 24060 Buckingham Way  
Port Charlotte, FL 33980

Name and Title: Peter Vaphiades Treasurer

Address: 24276 Buckingham Way  
Port Charlotte, FL 33980

DEC - 1 PM 1:40  
DIVISION OF REVENUE  
TREASURER'S OFFICE

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: Peter Vaphiades

Address: 24276 Buckingham Way  
Port Charlotte, FL 33980

DEC - 1 PM 1:40  
DIVISION OF CORPORATE REGISTRATION

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Peter Vaphiades

Address: 24276 Buckingham Way  
Port Charlotte, FL 33980

*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*

Peter Vaphiades  
Required Signature of Registered Agent

11-29-2014  
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.*

Peter Vaphiades  
Required Signature of Incorporator

11-29-2014  
Date