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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W15-13917

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15 MAR 12 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

## COVER LETTER

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

**SUBJECT:** Chicagoland-Florida, 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:** Robert E Griffith  
Name (Printed or typed)

300 Dunes Blvd, apt 706  
Address

Naples, FL 34110  
City, State & Zip

847 380-0462  
Daytime Telephone number

chicagolandflorida@comcast.net  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2015

ROBERT E GRIFFITH  
300 DUNES BLVD, APT 706  
NAPLES, FL 34110

SUBJECT: CHICAGOLAND-FLORIDA, INC.  
Ref. Number: W15000013917

We have received your document for CHICAGOLAND-FLORIDA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 815A00003998

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

CHICAGOLAND FLORIDA ASSOCIATION, INC.

**ARTICLE I NAME**

The name of the corporation shall be:

Chicagoland Florida, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

300 Dunes Blvd, Apt 706

Naples, FL 34110

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to gather a group of individuals, primarily from the midwest and who spend at least part of the

year in Florida, for friendship and to support an annual charity

parade in Florida. This is a non-profit organization. Funds

accumulated beyond usual business expenses and prudent

reserve requirements for projected expenses will be donated to

charity.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: APPOINTED

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

Name and Title: Robert E Griffith

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

Address: 300 Dunes Blvd, apt 706

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

Naples, FL 34110

Name and Title: Margaret A Kilhenny

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

Address: 6270 Bellerive, #308

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

Naples, FL 34110

Name and Title: Michael Zuccherro

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

Address: 102 Yarrow Ct

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

Rolling Meadows, IL

60008

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

15 MAR 12 AM 8:43

APPROVED  
AND  
FILED

APPROVED  
AND  
FILED

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_ 15 MAR 12 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

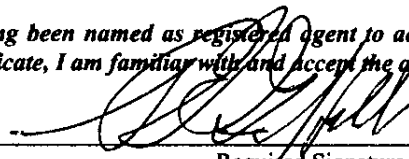
Name: Robert E Griffith  
Address: 300 Dunes Blvd, #706  
Naples, FL 34110

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robert E Griffith  
Address: 300 Dunes Blvd, #706  
Naples, FL 34110

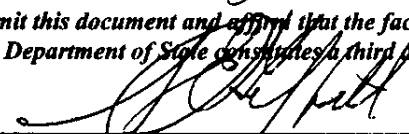
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature of Registered Agent

Feb 20, 2015

\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

Feb 20, 2015

\_\_\_\_\_  
Date