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15 MAY 18 AM 11:00

COVER LETTER

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

SUBJECT: Florida Objectivist Society 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: M. Kathryn Eickhoff-Smith
Name (Printed or typed)

4021 Gulf Shore Blvd., N., #1905
Address

Naples, Florida 34103-2237
City, State & Zip

239-263-8291
Daytime Telephone number

k.eickhoff@att.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: Florida Objectivist Society Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
4021 Gulf Shore Blvd., N. #1905, Naples, FL 34103-2237

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to promote greater awareness of Objectivism and its relevance to day to day living.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Majority vote of the o

outgoing board of directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: M. Kathryn Eickhoff-Smith
Address: 4021 Gulf Shore Blvd., N, #1905
Naples, FL 34103-2237

Name and Title:
Address:

Name and Title: A. James Smith, Jr.
Address: 4021 Gulf Shore Blvd., N., #1905
Naples, FL 34103-2237

Name and Title:
Address:

Name and Title: Randy Brooks
Address: 1457 Newton Street
Port Charlotte, FL 33952

Name and Title:
Address:

15 MAY 18 AM 11:00

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: M. Kathryn Eickhoff-Smith

Address: 4021 Gulf Shore Blvd., N. #1905

Naples, FL 34103-2237

ARTICLE VII INCORPORATOR

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

Name: M. Kathryn Eickhoff-Smith

Address: 4021 Gulf Shore Blvd., N., #1905

Naples, FL 34103-2237

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

M Kathryn Eickhoff-Smith
Required Signature of Registered Agent

May 8, 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.

M Kathryn Eickhoff-Smith
Required Signature of Incorporator

May 8, 2015
Date