

N1500005468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

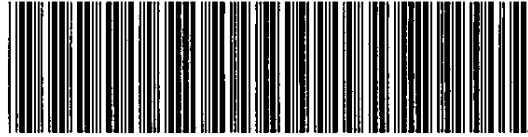
(Business Entity Name)

(Document Number)

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2015 MAY 29 PM 4: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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cc
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COVER LETTER

May 27, 2015

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

SUBJECT: Lake City Columbia Community Tennis Association, Inc.

Enclosed is an original and (1) copy of the Articles of Incorporation and a check for: **\$87.50** for the Filing Fee, Certified Copy and Certificate. **Additional copy required.**

FROM: Mary N. Robinson
Director and President
392 Overflow Lake Drive
Lake City, Florida 32055
Telephone: 386-752-0424
Email: lcccta@gmail.com

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

Lake City Columbia Community Tennis Association, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address:
259 Franklin Street, Suite 101
Lake City
Florida, 32055

Mailing address, if different is: _____

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TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Purpose of this not-for-profit corporation is to promote the development of tennis as a means of healthful recreation and physical fitness for all Columbia County residents, and to foster a sense of community between adults and children by reaching healthy, happy lifestyles as individuals and families, and to cooperate with the United States Tennis Association and other associations in pursuit of these goals. Should this not-for-profit corporation be dissolved or cease to exist, any assets over liabilities shall be distributed to charities benefitting children in Columbia County, Florida, at the direction of the last surviving Board of Directors.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: They shall be elected by the members at the Annual Meeting of the members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mary N. Robinson, Director and President Name and Title: John Lear, Vice-President and Director

Address 392 Overflow Lake Drive
Lake City
Florida 32055

Address: 106 N W Live Oak Place
Lake City
Florida 32055

Name and Title: Mike Null, Secretary and Director
Address: 1249 SW Ridge Street
Lake City
Florida 32024

Name and Title: Joe Hinkle, Treasurer and Director
Address: 153 S W Shannon Street
Lake City
Florida 32024

Name and Title: Glenn Hunter, director
Address: 283 Ventura Lane
Lake City
Florida 32055

Name and Title: Tom Moore director
Address: 16511 Jewett Street
White Springs
Florida 32096

Name and Title: Pierce Kelley, Director
Address: 126 Julbug Glen
Fort White
Florida 32038

Name and Title: James Montgomery, Director
Address: 229 SE Old Manse Glen
Lake City
Florida 32025

ARTICLE VI REGISTERED AGENT

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

Name: Glenn Hunter
Address: 259 N E Franklin Street, Suite 101
Lake City
Florida 32055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mary N. Robinson
Address: 392 N W Overflow Lake Drive
Lake City, Florida 32055

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

Glenn J. Hunter
Required Signature of Registered Agent

5/19/15
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.817.15.5, FS

Mary N. Robinson
Required Signature of Incorporator

5/27/15
Date