

N15000006628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

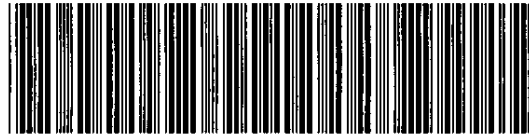
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300273746333

06/09/15--01018--019 **78.75

FILED

2015 JUL - 1 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten:
N15000006628
XCS
7/10/15

COVER LETTER

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

SUBJECT: Lily's Playhouse 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: Carissa Krueger

Name (Printed or typed)

5757 Cove Circle

Address

Naples, FL 34119

City, State & Zip

239-777-0381

Daytime Telephone number

carissa.krueger@yahoo.com

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

June 12, 2015

CARISSA KRUEGER
5757 COVE CIRCLE
NAPLES, FL 34119

SUBJECT: LILY'S PLAYHOUSE INC.
Ref. Number: W15000041244

We have received your document for LILY'S PLAYHOUSE 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):

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 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.

Carol Mustain
Regulatory Specialist II

Letter Number: 715A00012441

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

ARTICLE I NAME

The name of the corporation shall be: Lily's Playhouse Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5757 Cove Circle

Naples, FL 34119

Mailing address, if different:

FILED
2015 JUL -1 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Lily's Playhouse inc. is a nonprofit corporation and will operate exclusively for educational and charitable purposes within the means of section 501 (c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. Lily's Playhouse Inc. purpose is to help provide provide funding and resources for other Down syndrome non profit organizations. At the discretion of our board we will also have opportunities for internships and volunteers. To maximize our efforts we will work collaboratively with other 501 (c) (3) organizations which fall under said Internal Revenue Code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed.

during the last quarter of each fiscal year of the corporation, the Board of Directors shall elect directors to replace those whose term will expire at the end of the fiscal year. The election shall take place during a regular meeting, called in accordance with the provisions of the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carissa Krueger/Director

Address: 5757 Cove Circle
Naples, FL

34119

Name and Title: Tami Sherman/Asst. Director

Address: 16080 Hesta Misty Court
Punta Gorda, FL

33955

Name and Title: Samantha Nunez/outreach

Address: 12447 Country Day Cir.
Fort. Myers, FL
33913

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Carissa Krueger

Address: 5757 Cove Circle

Naples, FL 34119

ARTICLE VII INCORPORATOR

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

Name: Carissa Krueger

Address: 5757 Cove Circle

Naples, FL 34119

ARTICLE VIII EFFECTIVE DATE: 05/10/2015

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

Carissa Krueger

Required Signature of Registered Agent

5/10/2015

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.

Carissa Krueger

Required Signature of Incorporator

5/10/2015

Date