

15000009566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

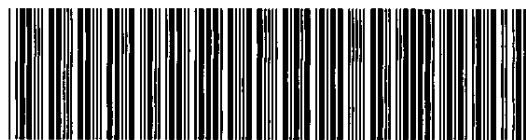
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 01 2015

T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GCV EMPLOYEE APPRECIATION

FUND, INC.

Signature _____

Requested by: Seth

09/29/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

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

ARTICLE I NAME

The name of the corporation shall be: GCV EMPLOYEES APPRECIATION FUND, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1333 SANTA BARBARA BLVD.

CAPE CORAL, FL 33991

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CHARITABLE PURPOSES

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

BY SITTING DIRECTORS & AS PROVIDED IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KATHY WALTERS - P

Name and Title: LILLIAN GORKE - VP

Address: 1333 SANTA BARBARA BLVD.

Address: 1333 SANTA BARBARA BLVD.

CAPE CORAL, FL 33991

CAPE CORAL, FL 33991

Name and Title: AL DRILELLIS - S

Name and Title: RITA MEINER - T

Address: 1333 SANTA BARBARA BLVD.

Address: 1333 SANTA BARBARA BLVD.

CAPE CORAL, FL 33991

CAPE CORAL, FL 33991

Name and Title: NANCY STRYKER - D

Name and Title: _____

Address: 1333 SANTA BARBARA BLVD.

Address: _____

CAPE CORAL, FL 33904

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DIVISION OF CORPORATIONS

15 SEP 29 PM 1:40

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: HAROLD S. ESKIN, ESQ.

Address: 1420 SE 47TH ST.

CAPE CORAL, FL 33904

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KATHY WOLTERS

Address: 1333 SANTA BARBARA BLVD.

CAPE CORAL, FL 33991

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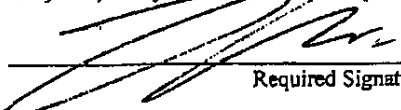
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature of Registered Agent

9-28-15

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.817.155, F.S.

X 

Required Signature of Incorporator

9-28-15

Date