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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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COVER LETTER

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

SUBJECT: HARA	BOR COVE WOOT PROPOSED CORPOR	WORKERS GO	1160
	(PROPOSED CORPOR	RÂTE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original ar	nd one (1) copy of the Artic	les 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 CO	PY REQUIRED
FROM: _	JEROME JEANY BO Name	ELANGER (Printed or typed)	-
558 FLEETWOOD ST			
-	NORTH PORT, FL. 34287 City, State & Zip		
· -	941_ Daytime	<u>429-0190</u> e Telephone number	

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

E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 4, 2015

JEROME BELANGER 558 FLEETWOOD ST. NORTH PORT, FL 34287

SUBJECT: HARBOR COVE WOODWORKERS GUILD

Ref. Number: W15000052349

We have received your document for HARBOR COVE WOODWORKERS GUILD 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 must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 315A00016314



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 14, 2015

JEROME BELANGER 499 IMPERIAL NORTH PORT, FL 34287 ***2ND MAILING***

SUBJECT: HARBOR COVE WOODWORKERS GUILD

Ref. Number: W15000052349

We have received your document for HARBOR COVE WOODWORKERS GUILD and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 315A00016314

COVER LETTER

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

SUBJECT:	HARBOR	Cove	WOOD	WORKERS	GUILD	
_	(PROPOSED	CORPORA	TE NAME – <u>M</u>	UST INCLUDE SI	JFFIX)

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

JEROME

TEASY BELANGER

Name (Printed or typed)

FLEETWOOD ST Address

NORTH PORT FL. 34287 City, State & Zip

941-429-0190 Daytime Telephone number

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)

RECREATIONAL WOOD WORKERS ESIDENTHAL HOM OWNED COMMUNITY SOLAL NOODWORKERS CLUB THAT PROMOTES WOODWORK SA HOBBY FOR ITS MEMBERS, MOUNTHLY IN-SFASON MEETINGS. CLEIV MANNER OF ELECTION The manner in which the directors are elected and appointed: ANNUAL MEMBELSHIP ELECTION. DIRECTORS WILL BE ELECTED. CLE V INITIAL OFFICERS AND/OR DIRECTORS TEROM S THAT TURCOT PRES. Name and Title: TERMY BELANCEN TREAS.	RTICLE II PRINCIPAL OFFICE	
NORTH PORT, FL 34387 CLE III PURPOSE TO STORY THAT PROMOTES WOODWORKERS ESIDENTHAT HOM OWNED COMMUNITY SOLIAL NOODWORKERS CLUB THAT PROMOTES WOODWORK SA HOBBY FOR ITS MEMBERS, MONTHLY IN-SFASONI MEETINGS. CLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ANNUAL MEMBERS HIP ELECTION DIRECTORS WILL BE FLECTED. CLE V INITIAL OFFICERS AND/OR DIRECTORS SERON SELECTION SERVED SELECTION TREES. SOR TAMPICO DR. Address: SER FLEET WOOD ST.		Mailing address, if different is:
CLE III PURPOSE TPOSE for which the corporation is organized is: RECREATIONAL WOOD WORKERS ESIDENTHAL HOMO OWNED COMMUNITY SOCIAL NOODWORKERS CLUB THAT PROMOTES MOODWORK SA HOBBY FOR ITS MEMBERS, MONTHLY IN-SEASON MEETINGS. CLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ANNUAL MEMBERSHIP ELECTION DIRECTORS TERO HE INITIAL OFFICERS AND/OR DIRECTORS SERO HE SOB TAMPICO DR. Address: 558 FICEET WOOD ST.		
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S SOB TAMPICO DR. Address: 558 FLEET WOOD ST.	MEETINGS.	
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NORTH PORT FL. 34287 NORTH PORT FL 34287	RTICLE IV MANNER OF ELECTION The manner in A MEMBEL SHIP ELECTION. ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR ame and Title: AL TURCOT PRES. Name a ddress SDS TAMPICO DR. Addres	which the directors are elected and appointed: <u>ANNUAL</u> <u>DIRECTORS</u> WILL BE FLECTED. RS JEROH E and Title: JERLY BELANGER TREAS. S: 558 FLEET WOOD ST.
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	MEETINGS. TICLE IV MANNER OF ELECTION The manner in v. MEMBELSHIP ECECTION. TICLE V INITIAL OFFICERS AND/OR DIRECTOR THE ALTURCOT PRES. Name a tress SON TAMPICO DR. Address	which the directors are elected and appointed: <u>ANNUAL</u> <u>DIRECTORS</u> WILL BE FLECTED. RS JEROH E and Title: JERLY BELANGER TREAS. S: 558 FLEET WOOD ST.

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Name and Title:	Name and Title:	
Address	Address:	
		
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ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acc	centable) of the registered agent is:	
Name: Gilles GIRARA	· , , , , , , , , , , , , , , , , , , ,	
Address: 530 CLARION /L		
NORTH PORT FL		
ARTICLE VII INCORPORATOR The name and address of the Incompositor in		
The name and address of the Incorporator is:	0	
Name: SSS FLESTWO NORTH PORT, P		
Address: SSC FRESTWO	- 34/2	
NORTH PORT, P	C. D7.BU /	
Having been named as registered agent to accept service		ce designated in this
certificate, I am familiar with and accept the appointment		,
Required Signature of Registere	d Agent Date	7/15
I submit this document and affirm that the facts stated he		mitted in a document
to the Department of State constitutes a third degree felon	y as provided for in s.817.155, F.S.	,
	6/2	9/15
Required Signature of Inco	orporator [D ₃	te