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07/31/15--01015--002 **78.75

15 OCT -2 AM 11:18
2015 OCT 1 10:14

WL5-52349 mnd 10/5

COVER LETTER

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

SUBJECT: HARBOR COVE WOODWORKERS GUILD
(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: JEROME
JERRY BELANGER
Name (Printed or typed)

558 FLEETWOOD ST
Address

NORTH PORT, FL. 34287
City, State & Zip

941-429-0190
Daytime Telephone number

JMWISPERO@GMAIL.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

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

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Maryanne Dickey
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Letter Number: 315A00016314

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NORTH PORT, FL. 34287
City, State & Zip

941-429-0190
Daytime Telephone number

JMWISPERO@GMAIL.COM
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: HARBOR COVE WOODWORKERS GUILD, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

499 IMPERIAL

NORTH PORT, FL 34287

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RECREATIONAL WOODWORKERS

RESIDENTIAL HOME OWNED COMMUNITY SOCIAL
WOODWORKERS CLUB THAT PROMOTES WOODWORK
AS A HOBBY FOR ITS MEMBERS. MONTHLY IN-SEASON
MEETINGS.

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

MEMBERSHIP ELECTION. DIRECTORS WILL BE ELECTED.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AL TURCOT PRES.

Address

528 TAMPICO DR.
NORTH PORT FL. 34287

Name and Title:

JEROME
JERRY BELANGER TREAS.

Address:

558 FLEET WOOD ST.
NORTH PORT FL 34287

Name and Title: Gilles Girard V-PRES.

Address

530 CLARION PL.
NORTH PORT FL 34287

Name and Title:

Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

15 OCT -2 AM 11:18
RECEIVED
FLORIDA DEPARTMENT OF
STATE

ARTICLE VI REGISTERED AGENT

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

Name: GILLES GIRARD

Address: 530 CLARION BL
NORTH PORT FL 34287

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ~~JERRY~~ BELANGER

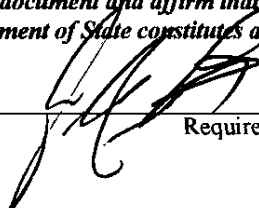
Address: 558 FLEETWOOD DR
NORTH PORT, FL 34287

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

6/29/15
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.


Required Signature of Incorporator

6/29/15
Date