

N15000010487

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

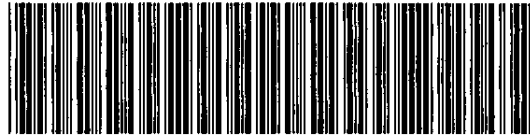
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800278295088

10/21/15--01013--022 \*\*78.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 OCT 21 PM 2:00

10/27/15

ch

## COVER LETTER

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

**SUBJECT:** FORD THUNDERBIRD CLUB OF SOUTH FLORIDA, 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:** FRANK N BONUSO

\_\_\_\_\_  
Name (Printed or typed)

4360 NE 5TH TERRACE

\_\_\_\_\_  
Address

OAKLAND PARK, FLORIDA 33334

\_\_\_\_\_  
City, State & Zip

954-651-7277

\_\_\_\_\_  
Daytime Telephone number

FBONUSO@AOL.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: FORD THUNDERBIRD CLUB OF SOUTH FLORIDA, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
4360 NE 5TH TERRACE

OAKLAND PARK, FLORIDA 33334

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FELLOWSHIP WITH OTHER FORD THUNDERBIRD OWNERS

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
15 OCT 21 PM 2:00

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: MAJORITY VOTE  
73

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: FRANK N BONUSO P,S,T Name and Title: \_\_\_\_\_

Address: 4360 NE 5TH TERRACE Address: \_\_\_\_\_  
OAKLAND PARK, FLORIDA 33334

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ 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: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: FRANK N BONUSO  
Address: 4360 NE 5TH TERRACE  
OAKLAND PARK, FL 33334

**ARTICLE VII INCORPORATOR**

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

Name: FRANK N BONUSO  
Address: 4360 NE 5TH TERRACE  
OAKLAND PARK, FL 33334

**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*

Frank N Bonuso  
Required Signature of Registered Agent

10-12-2015  
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.*

Frank N Bonuso  
Required Signature of Incorporator

10-12-2015  
Date