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AND
FILED

16 JAN 26 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/11

COVER LETTER

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

SUBJECT: TARPUN-WIGGINS SCHOLARSHIP FUND 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: MICHAEL LACORTE
Name (Printed or typed)

455 COVE TOWER DR., APT. 1604
Address

NAPLES, FL., 34110
City, State & Zip

239-206-0441
Daytime Telephone number

TWSFING@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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: TARPON WIGGINS SCHOLARSHIP FUND 16 JAN 26 PM 4:34

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

455 COVE TOWER DR.

APT. 1604

NAPLES, FL., 34110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE FINANCIAL ASSISTANCE TO
A STUDENT ENTERING AN INSTITUTION OF HIGHER EDUCATION, WHO
HIMSELF/HERSELF, ASPOUSE OR A PARENT/GUARDIAN IS A
PERMANENT CONTRACTOR OF ANY OF THE COMMUNITIES COMPRISING
THE WIGGINS BAY OR TARPON COVE ASSOCIATIONS.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ANNUALLY
IN A MEETING OF COMMUNITY MEMBERS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SANDRA HADLER, PRESIDENT Name and Title: CYNTHIA GLYNN, VICE-PRESIDENT

Address 420 COVE TOWER DR. Address: 1675 TIBBITS AVE.
APT 401 TROY, N.Y.,
NAPLES, FL, 34110 12180

Name and Title: EMILIA RODRIGUES, TREASURER Name and Title: MICHAEL LACORTE, OFFICER

Address 575 CLUBSIDE DR. Address: 455 COVE TOWER DR.
APT 202 APT 1604
NAPLES, FL., 34110 NAPLES, FL., 34110

Name and Title: _____	Name and Title: _____	APPROVAL AND FILED
Address _____	Address: _____	
_____	_____	
_____	_____	16 JAN 26 PM 4:34
_____	_____	SECRETARY OF STATE TALLAHASSEE, FLORIDA
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: MICHAEL LACORTE
 Address: 455 COVE TOWER DR., APT 1604
NAPLES, FL, 34110

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL LACORTE
 Address: 455 COVE TOWER DR., APT 1604
NAPLES, FL, 34110

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

Michael Lacorte

Required Signature of Registered Agent
 MICHAEL LACORTE

JANUARY 22, 2016
 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.

Michael Lacorte

Required Signature of Incorporator

MICHAEL LACORTE

JANUARY 22, 2016
 Date