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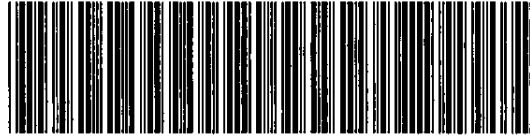
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAR -7 AM 9:49

COVER LETTER

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

SUBJECT: I-PASS 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: Charles YANVI
Name (Printed or typed)

10412 YORKSTONE DR
Address

BONITA SPRINGS FL 34135
City, State & Zip

518-3698668
Daytime Telephone number

MAMASEORING@MSN.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: IPASS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

10416 YORKSTONE DR
BONITA SPRINGS FL 34135

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROTECT AIR, WATER AND
NATURAL RESOURCES AND THE ENFORCEMENT OF ORDERLY
LAND USE, PLANNING AND ZONING; TO PROTECT NEIGHBORHOOD
COMMUNITY CHARACTER WITHIN THE CITY OF BONITA SPRINGS FL
TO ORGANIZE AND PROMOTE INTERSPORT COMPETITION LIKE BOCCIE
BALL TEAMS IN THE NEIGHBORHOOD.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAMELA HOLDEN - DIR. Name and Title: PAMELA HOLDEN PRES

Address: 26311 STONEWALL LANE Address: SAME ADDR
BONITA SPRINGS FL
DIRECTOR 34135

Name and Title: BARBARA WATKINS Name and Title: SECRETARY - BARBARA WATKINS

Address: 26120 GRAND AVE DR Address: SAME ADDR
BONITA SPRINGS FL 34135
DIRECTOR

Name and Title: DEBRA FOSSELMAN Name and Title: DEBRA FOSSELMAN

Address: 10416 YORKSTONE DR Address: TREASURER
BONITA SPRINGS FL 34135
DIRECTOR SAME ADDR

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: PAMELA HOLDEN PRES.
Address: 26311 STONEWALL LANE
BONITA SPRINGS FL 34135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHARLES YANNU
Address: 10412 YORKSTONE DR
BONITA SPRINGS FL 34135

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

Pamela Holden
Required Signature of Registered Agent

2-29-14
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.

Charles Yannu
Required Signature of Incorporator

2-29-14
Date