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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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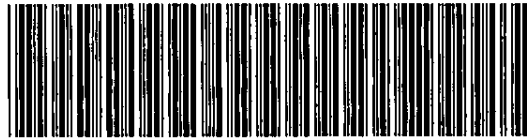
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

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

SUBJECT: HTP Activities 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: Greg Leifermann  
Name (Printed or typed)

1475-Flamingo Drive, Lot 42  
Address

Englewood, FL 34224  
City, State & Zip

218-296-1555  
Daytime Telephone number

igleif@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: HTP Activities Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1475-Flamingo Drive  
Englewood, FL  
34224

Mailing address, if different is:

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**ARTICLE III PURPOSE**

- see attached for "dissolution of assets provision"  
The purpose for which the corporation is organized is: To provide social interaction, sports and recreation, entertainment, and similar opportunities for residents of Holiday Travel Park that promote fellowship amongst them, enriches their lives, improves their living environment and gives them an opportunity to participate in activities and events for the benefit of the community at large.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Directors will be elected to three year terms by members of the Activities Committee.

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

|                 |  |                 |  |
|-----------------|--|-----------------|--|
| Name and Title: | <u>Joyce Anderson - chair</u>  | Name and Title: | <u>Judy Vogel - Treas</u>  |
| Address         | <u>1475-Flamingo Drive</u><br><u>Lot 335</u><br><u>Englewood, FL 34224</u> | Address:        | <u>1475-Flamingo Drive</u><br><u>Lot 62</u><br><u>Englewood, FL 34224</u>  |
| Name and Title: | <u>Greg Leifermann - 2nd Vice Chair</u>                                    | Name and Title: | <u>Bernie Arbez - sec</u>  |
| Address         | <u>1475-Flamingo Drive</u><br><u>Lot 42</u><br><u>Englewood, FL 34224</u>  | Address:        | <u>1475-Flamingo Drive</u><br><u>Lot 332</u><br><u>Englewood, FL 34224</u> |
| Name and Title: | <u>Fran Leonard - 1st Vice Chair</u>                                       | Name and Title: | _____  |
| Address         | <u>1475-Flamingo Drive</u><br><u>Lot 85</u><br><u>Englewood, FL 34224</u>  | 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: Keith Streitenberger  
Address: 1475-Flamingo Drive, Lot 143  
Englewood, FL 34224

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Greg Leifermann  
Address: 1475-Flamingo Drive, Lot 42  
Englewood, FL 34224

**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*

Keith Streitenberger  
Required Signature of Registered Agent

3-10-2016  
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.*

Greg Leifermann  
Required Signature of Incorporator

3-10-2016  
Date

Dissolution of Assets for HTP Activities:

Upon dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c) of the Internal Revenue Code, or shall be distributed ~~the~~ to the federal government, or to a state or local government, for a public purpose.

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