

N 16000004012

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Guzman APR 19 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2016

ISTVAN KOPAR  
PO BOX 1426  
BOCA RATON, FL 33429-1426

SUBJECT: ISTVAN KOPAR SAILING FOUNDATION  
Ref. Number: W16000024668

We have received your document for ISTVAN KOPAR SAILING FOUNDATION and your check(s) totaling \$70.00. 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.

Please return 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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 016A00006780

## COVER LETTER

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

**SUBJECT:** ISTVAN KOPAR SAILING FOUNDATION, 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:** ISTVAN KOPAR  
\_\_\_\_\_  
Name (Printed or typed)  
  
7555 W COUNTRY CLUB BLVD  
\_\_\_\_\_  
Address  
  
BOCA RATON, FL 33487  
\_\_\_\_\_  
City, State & Zip  
  
561-289-7773  
\_\_\_\_\_  
Daytime Telephone number  
  
info@koparsailing.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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STATE  
TALLAHASSEE, FLORIDA

**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: ISTVAN KOPAR SAILING FOUNDATION, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
7555 W COUNTRY CLUB BLVD

BOCA RATON, FL 33487

Mailing address, if different is:  
P.O. BOX 1426

BOCA RATON, FL 33429-1426

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THIS CORPORATION IS ORGANIZED AND OPERATED FOR  
EDUCATIONAL AND CHARITABLE PURPOSES. THE FOUNDATION WILL SUPPORTS NATIONAL AND  
INTERNATIONAL SPORTING AND OFFSHORE RAICING EFFORTS. MISSION IS : GOLDEN GLOBE RACE .  
SUPPORTING YUTH SAILING AND IMPROVING SAFETY AT SEA.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

AS PROVIDED IN THE BYLAWS

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

Name and Title: ISTVAN KOPAR PRESIDENT

Address: 7555 W COUNTYU CLUB BLVD  
BOCA RATON, FL 33487

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

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

Name and Title: EVA KOVACS VP/TRES

Address: 7555 W COUNTRY CLUB BLVD  
BOCA RATON, FL 33487

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: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: ISTVAN KOPAR  
Address: 7555 W COUNTRY CLUB BLVD  
BOCA RATON, FL 33487

**ARTICLE VII INCORPORATOR**

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

Name: ISTVAN KOPAR  
Address: 7555 W COUNTRY CLUB BLVD  
BOCA RATON, FL 33487

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TALLAHASSEE FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 04/01/2016 (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*

\_\_\_\_\_  
Required Signature of Registered Agent

04/12/16  
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

04/12/16  
Date