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16 APR 25 AM 7:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/11

COVER LETTER

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

SUBJECT: North Collier Professional Firefighters & Paramedics 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: Christopher Spencer

Name (Printed or typed)

P. O. Box 112049

Address

Naples, FL 34108

City, State & Zip

239-825-8073

Daytime Telephone number

cspencer13155@yahoo.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: North Collier Professional Firefighters & Paramedics Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
1885 Veteran's Park Dr

Naples, FL 34109

Mailing address, if different:
P.O. Box 112049

Naples, FL 34108

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For the advancement of firefighter health and safety issues

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Christopher Spencer, President</u>	Name and Title:	<u>Bret Jameyson, Vice President</u>
Address	<u>1885 Veteran's Park Dr</u>	Address:	<u>1885 Veteran's Park Dr</u>
	<u>Naples, FL 34109</u>		<u>Naples, FL 34109</u>
Name and Title:	<u>Adam Di Sarro, Vice President</u>	Name and Title:	<u>Brian Wertz, Treasurer</u>
Address	<u>1885 Veteran's Park Dr</u>	Address:	<u>1885 Veteran's Park Dr</u>
	<u>Naples, FL 34109</u>		<u>Naples, FL 34109</u>
Name and Title:	<u>Michael Jimenez, Secretary</u>	Name and Title:	
Address	<u>1885 Veteran's Park Dr</u>	Address:	
	<u>Naples, FL 34109</u>		

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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16 APR 25 AM 7:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Christopher Spencer

Address: 1885 Veteran's Park Dr
Naples, FL 34109

ARTICLE VII INCORPORATOR

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

Name: Christopher Spencer

Address: 1885 Veteran's Park Dr
Naples, FL 34109

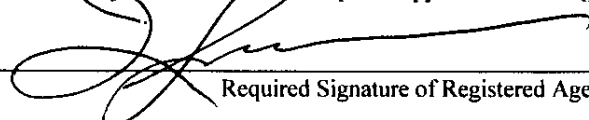
ARTICLE VIII EFFECTIVE DATE:

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

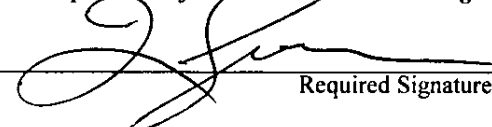


Required Signature of Registered Agent

4/19/2016

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.



Required Signature of Incorporator

4/19/2016

Date