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(Requestor's Name)

(Address)

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T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GCV RESIDENT COUNCIL FUND, INC

Signature

Requested by: Seth _____ 5/19 _____ PM _____

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- ✓ Art of Inc. File_____
- ____ LTD Partnership File_____
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- ____ Fictitious Name File_____
- ____ Trade/Service Mark_____
- ____ Merger File_____
- ____ Art. of Amend. File_____
- ____ RA Resignation_____
- ____ Dissolution / Withdrawal_____
- ____ Annual Report / Reinstatement_____
- ____ Cert. Copy_____
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- ____ Certificate of Status_____
- ____ Certificate of Fictitious Name_____
- ____ Corp Record Search_____
- ____ Officer Search_____
- ____ Fictitious Search_____
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- ____ Vehicle Search_____
- ____ Driving Record_____
- ____ UCC 1 or 3 File_____
- ____ UCC 11 Search_____
- ____ UCC 11 Retrieval_____
- ____ Courier_____

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: GCV Resident Council Fund, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1333 Santa Barbara Blvd.
Cape Coral, FL 33991

Mailing address, if different is:
same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Charitable purposes.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Harry Shaffer, President
Address: 1333 Santa Barbara Blvd.
Cape Coral, FL 33991

Name and Title: Claudia Weiss, Secretary
Address: 1333 Santa Barbara Blvd.
Cape Coral, FL 33991

Name and Title: Adele Catalina, Director
Address: 1333 Santa Barbara Blvd.
Cape Coral, FL 33991

Name and Title: Marlene DiDinato, Vice President
Address: 1333 Santa Barbara Blvd.
Cape Coral, FL 33991

Name and Title: Don Gronewold, Treasurer
Address: 1333 Santa Barbara Blvd.
Cape Coral, FL 33991

Name and Title:
Address:

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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: Harold S. Eskin, P.A.

Address: 1420 SE 47th St.

Cape Coral, FL 33904

ARTICLE VII INCORPORATOR

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

Name: Harry Shaffer

Address: 1333 Santa Barbar Blvd.

Cape Coral, FL 33991

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If no 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

_____ 5/19/16

Required Signature of Registered Agent 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.

_____ 5/18/16

Required Signature of Incorporator Date