

N160000006235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

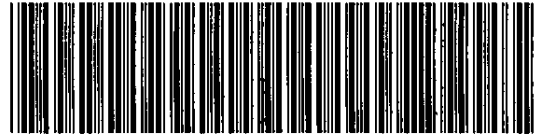
(Business Entity Name)

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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: W. Trackenmiller Children's Charity, 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: David McGonigal, Jr.
Name (Printed or typed)

17931 OAK CREEK RD
Address

ALVA, FL 33920
City, State & Zip

239-872-0562
Daytime Telephone number

rkcpa@att.net
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: W. Truckenmiller Children's Charity, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

17931 oak Creek Rd.

Alva, FL 33920

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide monetary assistance to families with children ages 0-17 who are survivors of a deceased parent or (parents).

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Members of the community in good standing appointed by Board Chairman.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David McGonigal Jr

Address: Board Chairman
17931 oak Creek Rd
Alva, FL 33920

Name and Title: Teresa Joiner

Address: Secretary Treasurer
17931 oak Creek Rd
Alva, FL 33920

Name and Title: Keena L. Klein Dir

Address: 8422 Canterbury
Lake Blvd
Tampa, FL 33619

Name and Title: Mathew John Sleath Dir

Address: 3211 Cottonwood Bend
Fort Myers, FL 33905

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE FL 32310

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Robin F Kull CPA
Address: 6309 Corporate Ct, #105
Ft Myers, FL 33919

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David McGonigal, Jr
Address: 17931 Oak Creek Rd
Alva, FL 33920

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 1, 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

Robin F Kull CPA
Required Signature of Registered Agent

6/1/16
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.

David McGonigal, Jr
Required Signature of Incorporator

6/1/16
Date