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TALLAHASSEE FLORIDA

114

COVER LETTER

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

SUBJECT: Vincent's Clubhouse, 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: Erica M. Cona

Name (Printed or typed)

42 Riverview Drive

Address

Palm Coast, FL 32164

City, State & Zip

386-585-0926

Daytime Telephone number

erica@vincentsclubhouse.org

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: Vincent's Clubhouse, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
42 Riverview Drive

Palm Coast, FL 32164

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Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To establish summer camps for children with autism and other special needs
that are engaging, fun, safe, and educational

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Founder Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erica M. Cona, President & Founder

Address 42 Riverview Drive
Palm Coast, FL 32164

Name and Title: Timothy King, Vice President

Address: 1769 East Moody Blvd
Bldg #2

Bunnell, FL 32110

Name and Title: Jessica Reynolds, Secretary

Address 8 Rae Drive
Palm Coast, FL 32164

Name and Title: Carmen Rosato, Treasurer

Address: 2520 S. Ridgewood Ave
South Daytona, FL 32119

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Erica M. Cona
Address: 42 Riverview Drive
Palm Coast, FL 32164

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Erica M. Cona
Address: 42 Riverview Drive
Palm Coast, FL 32164

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

Erica M Cona

Required Signature of Registered Agent

7/29/16

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.

Erica M Cona

Required Signature of Incorporator

7/29/16

Date