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(City/State/Zip/Phone #)

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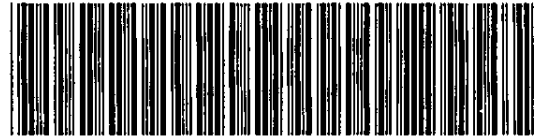
(Business Entity Name)

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TALLAHASSEE, FLORIDA

h 01/24/17

COVER LETTER

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

SUBJECT: LEE COUNTY HAWKS FOOTBALL & CHEERLEADING, ORG., 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: SHANNON STENGEL
Name (Printed or typed)

2005 CAPE HEATHER CIR.
Address

CAPE CORAL, FL 33991
City, State & Zip

239-357-8622
Daytime Telephone number

SHANNONSTENGEL@gmail.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: LEE COUNTY HAWKS FOOTBALL + CHEERLEADING ORG, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2085 CAPE HEATHER CIR
CAPE CORAL, FL 33991

Mailing address, if different is:

P.O. BOX 153117 CAPE CORAL FL 33915

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE FOR THE CHILDREN OF
LEE COUNTY BETWEEN THE AGES OF 5 YR TO 14 YRS A SPRING &
FALL FOOTBALL + CHEERLEADING PROGRAM, ALONG WITH SCHOOL TUTORING
FOR THOSE IN NEED, AND ANY OTHER ACTIVITIES THE ORGANIZATION
MAY DEEM APPROPRIATE FOR THIS AGE GROUP IN THE FUTURE.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: THE INCORPORATING
OFFICERS WILL MANAGE THE AFFAIRS OF THE CORPORATION, AND ELECT OTHER
BOARD MEMBERS YEARLY.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRES. SHANNON STENGEL

Address: 2085 CAPE HEATHER CIR.
CAPE CORAL, FL 33991

Name and Title: TREAS. DENISE JACOBS

Address: 791 AUGUST ST.
N. FT. MYERS, FL 33903

Name and Title: V. PRES. DIRK SMITH

Address: 4601 W. CORAL CIR.
N. FT. MYERS, FL 33903

Name and Title: ATHLETIC DIR. JOHNNY SULLIVAN

Address: 1814 SE 11TH PL.
CAPE CORAL, FL 33990

Name and Title: SECR. ALICIA BEERSON

Address: 5113 SW 15TH PL.
CAPE CORAL, FL 33914

Name and Title: COMMISSIONER ROB MALPICA

Address: 2029 NW 7TH STREET
CAPE CORAL, FL 33993

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CLERK
JAN 18 2023
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: SHANNON STENGEL
Address: 2085 CAPE HEATHER CIR.
CAPE CORAL, FL 33991

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHANNON STENGEL
Address: 2085 CAPE HEATHER CIR.
CAPE CORAL, FL 33991


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 days prior or 90 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

X 
Required Signature of Registered Agent

1-18-17
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.

X 
Required Signature of Incorporator

1-18-17
Date