

N17000003947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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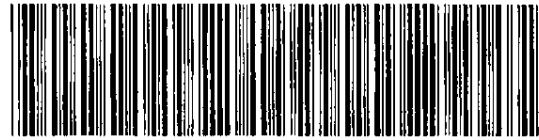
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 APR 10 PM 2:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Additional Needs, 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: Douglas Sharpe

Name (Printed or typed)

5145 Cobble Creek Court unit 103

Address

Naples, Florida 34110

City, State & Zip

239-298-1499

Daytime Telephone number

sharpemoney@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: Additional Needs, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5145 Cobble Creek Court unit 103
Naples, Florida 34110

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide information and resources to families with children and adults
who require additional needs (special needs) so that they may reach their full potential.

Article III B In the event of dissolution we would donate assets to another 501(c)(3) that support children and adults with additional
needs/special needs.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As provided
for in the by laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Douglas Sharpe President Name and Title: _____

Address: 5145 Cobble Creek Court unit 103 Address: _____
Naples, Florida 34110

Name and Title: Manuel A. Rodrigues III Chief Technical Name and Title: _____

Address: Officer Address: _____
3427 Sacramento Way
Naples, Florida 34105

Name and Title: Cynthia Sharpe Vice President Name and Title: _____

Address: 5145 Cobble Creek Court unit 103 Address: _____
Naples, Florida 34110

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: Douglas Sharpe
Address: 5145 Cobble Creek Court #103
Naples, FL 34110

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Douglas Sharpe
Address: 5145 Cobble Creek Court #103
Naples, FL 34110

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

Douglas Sharpe
Required Signature of Registered Agent

4/6/2017
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.

Douglas Sharpe
Required Signature of Incorporator

4/6/2017
Date