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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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JUN 28 2017

F. SCOTT



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2017

KIRSIS PADRON
1410 COUNTY LINE ROAD
MIAMI, FL 33179

SUBJECT: THE LIGHTNING CLUB, INC
Ref. Number: W17000031409

We have received your document for THE LIGHTNING CLUB, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

List complete address for each officer or director.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 717A00006972

COVER LETTER

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

SUBJECT: The Lightning Club, 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

(already
sent)

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Kivsis Padron
Name (Printed or typed)

1410 County Line Rd.
Address

MIAMI, FL 33179
City, State & Zip

784.201.8417-4
Daytime Telephone number

313242@dadeschools.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:

The Lightning Club, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1410 County Line Rd.
MIAMI, FL 33179

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the Lightning Club, Inc. is to raise funds to show support to staff members who are ill or bereaved after the loss of a close family member. The Lightning Club will send flowers on behalf of the staff to hospital rooms and homes as well as visiting staff members to create a feeling of unity amongst staff members.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Elected at annual meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kirsis Padron, Director Name and Title: _____

Address: 13551 SW 4th St. Address: _____

MIAMI, FL 33184

Name and Title: Judith Anderson, Name and Title: _____

Address: Director Address: _____

1801 NW 88th Way

Pembroke Pines, FL 33024

Name and Title: Ashtley Munzenberger, Name and Title: _____

Address: Director Address: _____

1000 NE MIAMI Gardens, DE.

#504

N. Miami Beach, FL 33179

17 JUL 2004 AM 8:46
NOTARY PUBLIC
STATE OF 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: Kiris Padron

Address: 1410 County Line Rd.
MIAMI, FL 33179

ARTICLE VII INCORPORATOR

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

Name: Kiris Padron

Address: 1410 County Line Rd.
MIAMI, FL 33179


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/14/17 (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.)

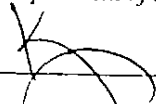
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

06/14/17
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.


Required Signature of Incorporator

06/14/17
Date