

N17awoo 7690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

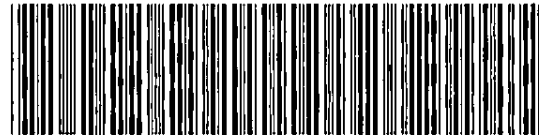
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: July 25, 2017

Account#: I20000000088

Name: Marisa Kugelman

Reference #: B090937

Entity Name: ILLINOIS AND FLORIDA CLUB, INC.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$7000

Signature: [Handwritten Signature]

■ CORPORATE HQ
COGENCYGLOBAL INC.
10 E 40 ST, 10 FL
NY, NY 10016
800.271.0102
+1.212.947.7200

■ EUROPEAN HQ
COGENCYGLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
100 VICTORIA RD
6 BEVIS MARKS, 11 FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

■ ASIA PACIFIC HQ
COGENCYGLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12 FL
198 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803



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COVER LETTER

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

SUBJECT: Illinois and Florida 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

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: ROBERT T. NAPIER
Name (Printed or typed)

SUNTRUST BUILDING, 801 LAUREL OAK DR, #403
Address

NAPLES, FLORIDA 34108
City, State & Zip

(239) 330-4345
Daytime Telephone number

RNAPIER@NAPIER.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: ILLINOIS AND FLORIDA CLUB INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
SUNTRUST BUILDING

801 LAUREL OAK DRIVE, SUITE 403

NAPLES, FLORIDA 34108

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SOCIAL AND EDUCATIONAL

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Bylaws will provide
that the board of directors will appoint successor members of the board

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERT T. NAPIER, DIRECTOR Name and Title: _____

Address: 801 Laurel Oak Drive Address: _____
Suite 403
Naples, FL 34108

Name and Title: ROBERT B. NAPIER, DIRECTOR Name and Title: _____

Address: 801 Laurel Oak Drive Address: _____
Suite 403
Naples, FL 34108

Name and Title: JAMES B. NAPIER, DIRECTOR Name and Title: _____

Address: 801 Laurel Oak Drive Address: _____
Suite 403
Naples, FL 34108

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: Robert T. Napier

Address: SunTrust Building, 801 Laurel Oak Drive, Suite 403

Naples, Florida 34108

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert T. Napier

Address: SunTrust Building, 801 Laurel Oak Drive, Suite 403

Naples, Florida 34108

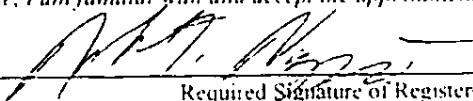
ARTICLE VIII EFFECTIVE DATE:

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.

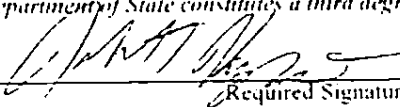
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

6/24/17
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

6/24/17
Date