

N17000009247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

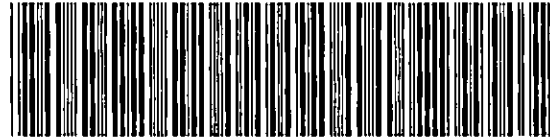
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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09/05/17--01017--001 **78.75

17 SEP -5 PM 4:38
FALL COUNTY, FLORIDA

Handwritten signature 09/07/17

Islanders Landing INC
FEI/EIN NUMBER 65-0761554
Document Nuber p97000012663

Principal Address
8175 Main St
Bokeelia FL 33922

Mailing Address
P.O Box 168
Bokeelia FL 33922

Dear Florida Department Of State

Islanders Landing INC(Document Nuber p97000012663) immediately gives Islanders Landings INC not for profit Corporation the right to use Islanders Landing INC name

✓✓✓ We are dissolving are CO-OP and creating a Home Owners Association and would like to use the same name. ↑

Thank You


Robert Oelwang Vice President oo Islanders Landing INC (Document Nuber p97000012663 }

Contact Number 239-265-8811

+ This is the copy that
was sent to Dept of State

COVER LETTER

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

SUBJECT: Islanders Landing 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 Oelwang
Name (Printed or typed)

2745 First St unit 1302
Address

Fort Myers Florida 33916
City, State & Zip

239 265 8811
Daytime Telephone number

ita408@comcast.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: Islanders Landing, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

8175 main St.
Bokeelia, FL 33922

Mailing address, if different is:

P.O. Box 168
Bokeelia, FL 33922

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to create a homeowners
association to manage neighborhood's
common elements.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Terms
Provided in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Terry Mortimer ^{Treasurer} Name and Title: _____

Address: P.O. Box 729 Address: _____
San Antonio, FL 33576

Name and Title: Phil Gilles ^{President} Name and Title: _____

Address: 16703 SeaGull Bay ct Address: _____
Bokeelia FL 33920

Name and Title: Robert Oelwang ^{vice President} Name and Title: _____

Address: 2754 First St unit 1302 Address: _____
Fort Myers FL 33916

FILED
SEP 11 2004
CLERK OF DISTRICT COURT
NORTH DAKOTA

17 SEP -5 PM 4:39

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:

Ron Lueth

Address:

8283 Main St

Bokeelia, FL 33922

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Robert Oelwang

Address:

2745 First St unit 1302

Fort Myers FL 33916

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

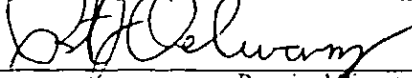


Required Signature of Registered Agent

8/31/17

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

8-31-17

Date