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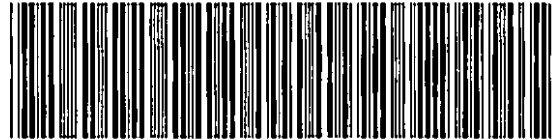
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 12, 2017

LILI TUGGLE-WEIR  
1915 S. FLAGLER AVE.  
FLAGLER BEACH, FL 32136

SUBJECT: THE COLAB PLACE INC.  
Ref. Number: W17000098100

We have received your document for THE COLAB PLACE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

L14000040879

Please return 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.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 517A00025078

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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: THE FLAGLER COLAB PLACE 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: Lili Tuggle - Weir  
Name (Printed or typed)

1915 S Flagler Ave.  
Address

Flagler Beach, FL 32136  
City, State & Zip

(202) 412-2231  
Daytime Telephone number

The ColabPlace@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: THE FLAGLER COLAB PLACE INC.

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COUNTY OF PALM BEACH  
PALM BEACH, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

CareerSource F/V  
20 Airport Road, Suite E  
Palm Coast, FL 32164

Mailing address, if different is:

1915 s. Flagler Ave  
Flagler Beach, FL 32136

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO SUPPORT AND PROMOTE THE EDUCATION AND PRACTICE OF CRAFTS OF ALL TYPES. THE ORGANIZATION EQUIPS AND MAINTAINS A MEMBER-ACCESSIBLE WORKSHOP AND STUDIO. TOOLS, WORK SPACE, AND SUPPORT FOR A COMMUNITY OF CRAFTSPEOPLE. THE ORGANIZATION ALSO ORGANIZES, PROMOTES, AND HOSTS PUBLIC CRAFT CLASSES IN PURSUIT OF ITS MISSION. THE ORGANIZATION ALSO ORGANIZES AND PUTS ON EVENTS FOCUSED ON SUPPORTING AND PROMOTING CRAFT IN ALL ITS FORMS, DESIGNED TO SPREAD AWARENESS OF THE IMPORTANCE OF ARTISANS IN THE COMMUNITY. THE ORGANIZATION SUPPORTS AND PROMOTES CRAFTS THROUGH, AMONG OTHER METHODS, VOLUNTEER WORK, EVENT SPONSORSHIP, SOLICITATIONS, GIFTS, GRANTS, CONTRIBUTIONS, FUND RAISING AND BY ANY OTHER MEANS ALLOWABLE AND APPROPRIATE UNDER FEDERAL AND STATE LAW.

THIS CORPORATION IS ORGANIZED EXCLUSIVELY FOR THE CHARITABLE AND EDUCATIONAL PURPOSES ABOVE, INCLUDING FOR SUCH PURPOSES, THE MAKING AND DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY UNDER 501(C) OF THE INTERNAL REVENUE CODE, OR ANY CORRESPONDING SECTIONS OF ANY FUTURE FEDERAL TAX CODE. THE CORPORATION SHALL AT ALL TIMES BE OPERATED EXCLUSIVELY FOR CHARITABLE PURPOSES WITHIN THE MEANING OF 501(C)(3) OF THE INTERNAL REVENUE CODE, AS NOW ENACTED OR HEREAFTER AMENDED. ALL FUNDS WHETHER INCOME OR PRINCIPLE AND WHETHER ACQUIRED BY GIFT OR CONTRIBUTION OR OTHERWISE, SHALL BE DEVOTED TO SAID PURPOSE. NO PROCEEDS OF THE CORPORATION WILL ENRICH AN INDIVIDUAL, EXCEPT THAT REASONABLE COMPENSATION MAY BE PAID FOR SERVICES TO THE CORPORATION. IF THE CORPORATION IS DISSOLVED, ANY ASSETS REMAINING WILL BE DISTRIBUTED TO ANOTHER CORPORATION SERVING A SIMILAR PURPOSE AND QUALIFYING AS A TAX EXEMPT, CHARITABLE ORGANIZATION UNDER PROVISIONS OF 501(C)(3) OF THE INTERNAL REVENUE SERVICE.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: ANNUAL ELECTIONS

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name & Title: DONALD O'BRIEN - DIRECTOR  
Address: 42 BICKFORD DRIVE  
PALM COAST FL 32137

Name & Title: JOE MAROTTI - DIR. (CORE V. CHR.)  
Address: 109 Willow Oak Way  
Palm Coast, FL 32137

Name & Title: LILI TUGGLE-WEIR - DIR. (C. CHAIR)  
Address: 1915 S FLAGLER AVE  
FLAGLER BEACH, FL 32136

Name & Title: ANDREW KOSWASKI - MBR. COOR.  
Address: 1915 S FLAGLER AVE  
FLAGLER BEACH, FL 32136

Name & Title: KATRINA AUSTIN – DIR. PUB. REL.  
Address: 112 Eclite Place  
Palm Coast, FL 32164

Name & Title: CHRISTINE SIKORA – SECRETARY  
Address: 7 Smyrna Court  
Palm Coast, FL 32164

Name & Title: CHRISTOPH ZIEGLER- TECH. OFCR  
Address: 5 Rambling Ln.  
Palm Coast, FL 32164

Name & Title: DJ LEBOW – TREASURER  
Address: 5954 Katona Drive  
Port Orange, FL 32127

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ANDREW R KOSWASKI

Address: 1915 S FLAGLER AVE. FLAGLER BEACH, FL 32136

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LILI TUGGLE-WEIR

Address: 1915 S FLAGLER AVE. FLAGLER BEACH, FL 32136

**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

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

Date

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DEPARTMENT OF STATE  
PALM BEACH, FLORIDA