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(Requestor's Name)

(Address)

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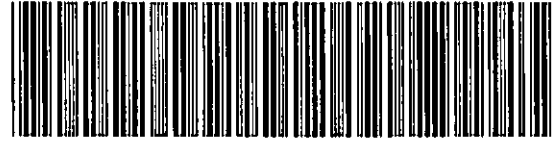
(Business Entity Name)

(Document Number)

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JAN 09 2018

## COVER LETTER

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

Knights of Columbus, St John Co 11281, Inc.

**SUBJECT:** \_\_\_\_\_

(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: James Gary Ray  
\_\_\_\_\_  
Name (Printed or typed)

14580 Sterling Oaks Dr  
\_\_\_\_\_  
Address

Naples, FL 34110  
\_\_\_\_\_  
City, State & Zip

239-821-5115  
\_\_\_\_\_  
Daytime Telephone number

jjgaryray@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**                      Knights of Columbus, St John Co 11281, Inc.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
625 111th Avenue N.

Mailing address, if different is:

\_\_\_\_\_  
Naples, FL 34108  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

\_\_\_\_\_ to be recognized by the State of Florida as a non-profit entity, functioning as a  
The purpose for which the corporation is organized is: \_\_\_\_\_  
subordinate council of the Supreme Council of the Knights of Columbus, New Haven, CT.

\_\_\_\_\_  
Knights of Columbus is a Catholic, fraternal men's organization, to raise up, support and encourage a fraternity whose members are  
\_\_\_\_\_  
practical Catholics united by their faith and by the principles of charity, fraternity, unity and patriotism; through common worship,  
\_\_\_\_\_  
charitable works, meetings and rites of initiation, to form its members in Catholic faith and virtue; to render pecuniary aid, mutual aid  
\_\_\_\_\_  
and assistance to its sick, disabled and needy members and their families, etc. The Supreme Council has full control and management  
\_\_\_\_\_  
over subordinate councils including funds and property, should a subordinate council be dissolved (SEC. 9).  
\_\_\_\_\_

**ARTICLE IV MANNER OF ELECTION**                      annually, by ballot at  
The manner in which the directors are elected and appointed: \_\_\_\_\_  
\_\_\_\_\_

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

Name and Title: GK - Edwin F. Phelps	Name and Title: DGK - Joseph X. Hemrick
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Address: 9088 Whitfield Dr.	Address: 27232 J.C. Lane
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Estero, FL 33928	Bonita Springs, FL 34135
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Name and Title: Trustee - William J. Warvel	Name and Title: _____
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Address: 1805 Imperial G. C. Blvd.	Address: _____
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Naples, FL 34110	_____
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Name and Title: _____	Name and Title: _____
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Address: _____	Address: _____
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_____	_____
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_____	_____
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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: James Gary Ray (FS)  
Address: 14580 Sterling Oaks Dr.  
Naples, FL 34110

**ARTICLE VII INCORPORATOR**

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

Name: James Gary Ray  
Address: 14580 Sterling Oaks Dr.  
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*

James Gary Ray  
Required Signature of Registered Agent

1/4/18  
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.*

James Gary Ray  
Required Signature of Incorporator

1/4/18  
Date