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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

MAY 17 2018

COVER LETTER

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

SUBJECT: MOMS CLUB OF NAPLES 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: EMILY SWARTS

Name (Printed or typed)

2430 Vanderbilt Beach Rd. Ste. 108 #300

Address

NAPLES, FL 34109

City, State & Zip

(267) 664-0303

Daytime Telephone number

MOMSCLUBOFNAPLES@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: MOMS CLUB OF NAPLES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2430 Vanderbilt Beach Rd. Ste. 108 #300
NAPLES, FL 34109

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE A SUPPORT GROUP FOR ALL AT-HOME AND WORKING MOTHERS; TO ENGAGE IN ACTIVITIES TO ENRICH THE LIVES OF CHILDREN IN THE COMMUNITY; TO TASK AND COMPLETE AT LEAST ONE CHARITABLE, HUMANITARIAN, OR DISASTER RELIEF RELATED PROJECT RELATED TO CHILDREN YEARLY

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: AS PROVIDED FOR IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EMILY SWARTS, PRESIDENT

Address: 2430 Vanderbilt Beach Rd. Ste. 108 #300
NAPLES, FL 34109

Name and Title: SUSAN SOLOMON, SECRETARY

Address: 2430 Vanderbilt Beach Rd. Ste. 108 #300
NAPLES, FL 34109

Name and Title: JENNIFER MOEN, MEMBERSHIP VP

Address: 2430 Vanderbilt Beach Rd. Ste. 108 #300
NAPLES, FL 34109

Name and Title: ELONA DRENE, ADMIN. VP

Address: 2430 Vanderbilt Beach Rd. Ste. 108 #300
NAPLES, FL 34109

Name and Title: ANGELIQUE BLITCH, TREASURER

Address: 2430 Vanderbilt Beach Rd. Ste. 108 #300
Naples, FL 34109

Name and Title:

Address:

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FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: EMILY SWARTS

Address: 2430 Vanderbilt Beach Rd. Ste. 108 #300

Naples, FL 34109

ARTICLE VII INCORPORATOR

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

Name: EMILY SWARTS

Address: 2430 Vanderbilt Beach Rd. Ste. 108 #300

NAPLES, FL 34110

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TALLAHASSEE, FLORIDA

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

Emily Swarts
Required Signature of Registered Agent

5/4/18
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.

Emily Swarts
Required Signature of Incorporator

5/4/18
Date