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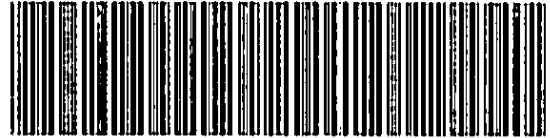
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JUN 18 2018

T. SCOTT



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06/14/18--01012--001 \*\*79.75

## COVER LETTER

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

SUBJECT: Allamanda Garden Club of North Port, 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 Panek  
Name (Printed or typed)

4483 Persian Lane  
Address

North Port, FL 34287  
City, State & Zip

(941) 423-0743  
Daytime Telephone number

msemilypanek@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: Allamanda Garden Club of North Port, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

4483 Persian Lane

North Port, FL 34287

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: to promote the beautification and  
and improvement of North Port, to encourage the growing and  
showing of plant material, to cooperate in the conservation of natural  
resources, to study the art of flower arranging, and to practice good  
horticulture.

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_  
is set forth in the Bylaws

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

Name and Title: Emily Panek/President  
Address: 4483 Persian Lane  
North Port, FL 34287

Name and Title: Gail Miller/Treasurer  
Address: 2649 Nanette Lane  
North Port, FL 34286

Name and Title: Linda Ferrier-Reid/Secretary  
Address: 2666 Barry Rd.  
North Port, FL 34286

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

2018 JUN 14 AM 10:05  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 Panek

Address: 4483 Persian Lane

North Port, FL 34287

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Emily Panek

Address: 4483 Persian Lane

North Port, FL 34287

*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 Panek

Required Signature of Registered Agent

6/13/18

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 Panek

Required Signature of Incorporator

6/13/18

Date