

N18000010931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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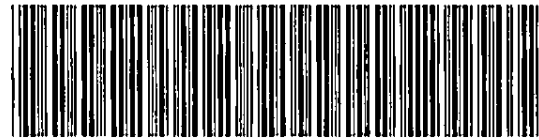
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
ATLANTA, MISSISSIPPI

OCT 17 2018
C Kinsey

COVER LETTER

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

SUBJECT: The Stapleton Family Charitable Foundation, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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Peter A. Flanagan

Name (printed or typed)

Simses & Associates, PA - 251 Royal Palm Way, Ste 400

Address

Palm Beach, Florida 33480

City, State & Zip

561-835-1313

Daytime Telephone Number

pflanagan@simseslaw.com

E-mail address: (to be used for future annual report notification)

**NOT FOR PROFIT
CERTIFICATE OF DOMESTICATION**

The undersigned, Craig Roberts Stapleton, VP and Director
(Name) (Title)
of The Stapleton Family Charitable Foundation, Inc. a foreign Corporation
(Corporation Name)
in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was March 17, 2009.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Connecticut.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was The Stapleton Family Charitable Foundation, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is The Stapleton Family Charitable Foundation, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Connecticut.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am VP and Director, of The Stapleton Family Charitable Foundation, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 15 day of SEPTEMBER, 2012.

Craig R. Stapleton

(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

The Stapleton Family Charitable Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address shall be:

Principal Address

12106 Turtle Beach Rd
North Palm Beach, FL 33408

Mailing Address

12106 Turtle Beach Road
North Palm Beach, FL 33408

ARTICLE III PURPOSE

The purpose for which the corporation is organized:

This Corporation is created and shall be operated exclusively for charitable,
religious, scientific, literary or educational purposes, within the meaning of
section 501(c)(3) of the Internal Revenue Code of 1986 and corresponding provisions
of any subsequent federal tax laws (the "Code") and the federal income tax
regulations thereunder (the "corresponding regulations"), that also constitute public
charitable purposes under Florida Corporate law (the "Corporation's exempt purposes").

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SECRETARY OF STATE
HALL OF RECORDS
TALLAHASSEE, FL 32399

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The Bylaws provide for the manner in which the
Directors are elected. Currently the Bylaws provide that
the Directors shall be elected by majority vote of the
Directors.

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

The name(s) and address(es) and specific title(s):

Title/Name

Dorothy Walker Stapleton
President and Director

Title/Name

Craig Roberts Stapleton
VP and Director

Title/Name

Walker Roberts Stapleton
Director

Title/Name

Wendy Walker Stapleton
Director

Title/Name

Title/Name

Name and Title: <u>N/A</u>	Name and Title: <u>N/A</u>
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: <u>N/A</u>	Name and Title: <u>N/A</u>
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Simses & Associates PA
 Address: 251 Royal Palm Way, Suite 400
Palm Beach, FL 33480

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Craig Roberts Stapleton
 Address: 12106 Turtle Beach Road
North Palm Beach, FL 33408

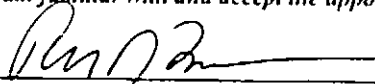
ARTICLE VIII EFFECTIVE DATE:

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

9-15-18
 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.


 Required Signature of Incorporator

9/15/18
 Date