

# N18000011504

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Polo for Life Inc.**

Certificate of Status	1
Certified Copy	1
Page Count	04
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SECRETARY OF STATE  
TALLAHASSEE, FL

2018 OCT 29 PM 5:07

**FILED**

# COVER LETTER

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

**SUBJECT:** Polo for Life 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:** Michael J. Napoleone  
Name (Printed or typed)

One Clearlake Centre, Suite 1504  
250 Australian Ave, S  
Address

West Palm Beach, FL 33401  
City, State & Zip

561-803-3500  
Daytime Telephone number

mnapoleone@richmangreer.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: Polo for Life Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
4952 Pelham Drive

Wellington, FL 33414

Mailing address, if different is:  
11924 Forest Hill Blvd. 10A-224

Wellington, FL 33414

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all charitable purposes, as provided under 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: by majority vote

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

Name and Title: Brandon McLean Phillips, President

Address 11924 Forest Hill Blvd., 10A-224  
Wellington, FL 33414

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

Address: \_\_\_\_\_

Name and Title: Pattijean Blanchard, Vice President

Address 13765 Fairlane Court  
Wellington, FL 33414

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

Address: \_\_\_\_\_

Name and Title: Visse Merrill Wedell-Wedellsborg, Secy

Address 12857 Mizner Way  
Wellington, FL 33414

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

Address: \_\_\_\_\_

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: Michael J. Napoleone

Address: One Clearlake Centre, Suite 1504 - 250 Australian Ave. S

West Palm Beach, FL 33401

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael J. Napoleone

Address: One Clearlake Centre, Suite 1504 - 250 Australian Ave. S

West Palm Beach, FL 33401

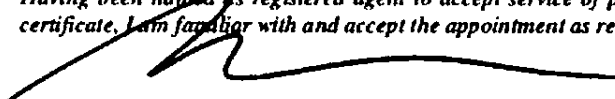
**ARTICLE VIII EFFECTIVE DATE:**

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.)

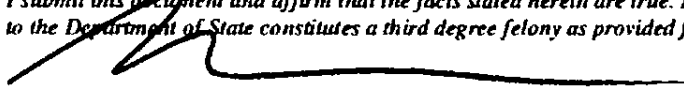
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10/29/2018  
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

10/29/2018  
Date

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