

N190000011996

(Requestor's Name)

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(City/State/Zip/Phone #)

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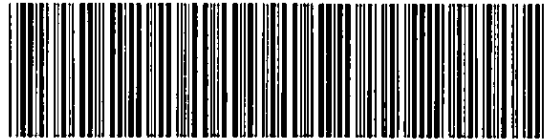
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: The Social Club of Whisper Walk 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: Elaine Liebhaber
Name (Printed or typed)

8857 Echo Lane
Address

Boea Raton, FL 33496
City, State & Zip

561-482-4775
Daytime Telephone number

mominlaw@aol.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: The Social Club of Whisper Walk Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

8857 Echo Lane

Boca Raton, FL 33496

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Community Outreach for
Seniors.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: New directors
are elected by the current board of directors by a majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elaine Liebhaver

Name and Title: Henry Glass

Address: 8857 Echo Lane
Boca Raton, FL 33496
Treasurer

Address: 8884 Sunscape Lane
Boca Raton, FL 33496
Co-President

Name and Title: Norma Schenberger

Name and Title: _____

Address: 18749 CANDLEWICK DR.
Boca Raton, FL 33496
Co-President

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

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: Elaine Liebhaber

Address: 8857 Echo Lane
Boca Raton, FL 33496

ARTICLE VII INCORPORATOR

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

Name: Elaine Liebhaber

Address: 8857 Echo Lane
Boca Raton, FL 33496

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

Elaine Liebhaber

Required Signature of Registered Agent

11/3/19
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.

Elaine Liebhaber

Required Signature of Incorporator

11/3/19
Date