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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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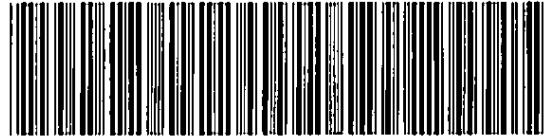
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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FEB 27 2020

## COVER LETTER

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

**SUBJECT:** Marco Island Community Parks Foundation, 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:** Lori Smith-Lalla, Esq.

Name (Printed or typed)

200 E. Broward Blvd., Suite 1900

Address

Ft. Lauderdale, FL 33301

City, State & Zip

954-763-4242

Daytime Telephone number

lsmith-lalla@wsh-law.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: Marco Island Community Parks Foundation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:  
c/o City of Marco Island, Florida, Attn: City Manager  
  
50 Bald Eagle Drive  
  
Marco Island, FL 34145

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: exclusively for educational, cultural and charitable purposes. The Corporation  
is a non-profit corporation organized to provide a broad source of community support for parks ("City Parks"), a municipal  
corporation established August 27, 1997, in Collier County Florida, pursuant to the Charter and the Constitution of the State of  
Florida.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: City Council shall  
initially nominate six (6) members of the Board of Directors.

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

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

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

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

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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 McNees  
Address: 50 Bald Eagle Drive  
Marco Island, FL 34145

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael McNees, City Manager  
Address: 50 Bald Eagle Drive  
Marco Island, FL 34145

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TALLAHASSEE, FL

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**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*

*Michael A. McNees*

Required Signature of Registered Agent

*1-28-2020*

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.*

*Michael A. McNees*

Required Signature of Incorporator

*1-28-2020*

Date