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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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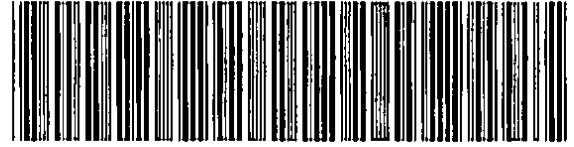
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

**SUBJECT:** Amateur Golf Association Lee-Charlotte Counties FL, 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:** Natalia E Armstrong  
\_\_\_\_\_  
Name (Printed or typed)

3251 Shady Bend  
\_\_\_\_\_  
Address

Ft Myers, FL 33905  
\_\_\_\_\_  
City, State & Zip

(201) 572-0518  
\_\_\_\_\_  
Daytime Telephone number

coarmnatalia@gmail.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: Amateur Golf Association Lee-Charlotte Counties FL Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
3251 Shady Bend

Ft Myers, FL 33905

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This Corporation is organized and shall be administered and operated exclusively to connect women to learn, play,  
and enjoy the game of golf.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As stated in the bylaws

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

Name and Title: Natalia E Armstrong, President

Address: 3251 Shady Bend

Ft Myers FL 33905

Name and Title:

Address:

Name and Title: Susan M Atkin, secretary

Address: 20847 Villareal way

N Ft Myers, FL 33917

Name and Title:

Address:

Name and Title: Susan A Kennedy, treasurer

Address: PO Box 101111

Cape Coral, FL 33910

Name and Title:

Address:

2021 03 11 12:00

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: Natalia E Armstrong

Address: 3251 Shady Bend

Ft Myers FL 33905

2021 Dec 1 12:00

**ARTICLE VII INCORPORATOR**

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

Name: Susan M Atkin

Address: 20847 Villareal Way

N Ft Myers, FL 33917


**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

12/19/21  
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 §.817.155, F.S.*

  
Required Signature of Incorporator

12/19/21  
Date