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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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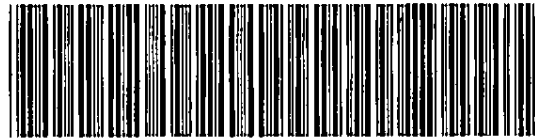
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

**SUBJECT:** Safe Seas Foundation Florida, Incorporated

**(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:** Peter E. Russell  
\_\_\_\_\_  
Name (Printed or typed)

11005 Bristol Bay Drive #611  
\_\_\_\_\_  
Address

Bradenton, FL 34209  
\_\_\_\_\_  
City, State & Zip

952-210-7168  
\_\_\_\_\_  
Daytime Telephone number

prussell941@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

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

**ARTICLE I NAME**

The name of the corporation shall be: Safe Seas Foundation Florida, Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
11005 Bristol Bay Drive

#611

Bradenton, FL 34209

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Encourage and support safe boating in the waterways in Florida, especially on the waterways in Southwestern Florida. This will be accomplished by raising awareness of safe boating techniques and skills and by raising funds to support these goals. Funds will be raised and distributed with the approval of the Board of Directors of the Corporation in accordance with the laws of the State of Florida and the United States Internal Revenue Service. The funds will be distributed for any purpose consistent with the goals of safe boating and may include but not limited to the funding of educational programs and the purchasing of equipment to encourage safe boating. Upon dissolution of this Corporation, the funds will be distributed to another 501 (c)(3) entity consistent with the goals of the Corporation.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: annual meeting

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

Name and Title: Peter E. Russell, President

Address: 11005 Bristol Bay Dr. #611  
Bradenton, FL 34209

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

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

Name and Title: Jose Luis Dominguez, Vice President

Address: 2118 5th St. East  
Palmetto, FL 34221-7146

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

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

Name and Title: Trevor James Nelson, Treasurer

Address: 1016 116th St. East  
Bradenton, FL 34212-1603

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

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

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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: Peter E. Russell

Address: 11005 Bristol Bay Dr. #611

Bradenton, FL 34209

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Steven Weinschel

Address: 14352 59th Circle East

Bradenton, FL 34211

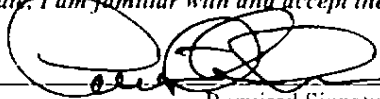
**ARTICLE VIII EFFECTIVE DATE:** 01/01/2023

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

11-15-2022  
\_\_\_\_\_  
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

11-16-2022  
\_\_\_\_\_  
Date

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FLORIDA  
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