

N 23 000 000 457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

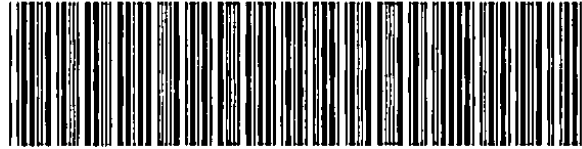
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



7872 1010 2011 3:11  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 17, 2022

Louis

LUIS SKUFE  
1516 ASHLEE BRANCH WAY  
SAINT JOHNS, FL 32259

SUBJECT: LIONS DISTRICT 35-L  
Ref. Number: W22000130926

We have received your document for LIONS DISTRICT 35-L and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please complete correct documents.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 722A00023167

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

# COVER LETTER

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

Lions District 35-L, Inc.

SUBJECT: \_\_\_\_\_  
(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

*See attached  
letter*

FROM: \_\_\_\_\_ Louis Skufe \_\_\_\_\_

\_\_\_\_\_ 1516 Ashlee Branch Way \_\_\_\_\_

\_\_\_\_\_ Saint Johns, FL 32259 \_\_\_\_\_

\_\_\_\_\_ 352-454-7818 \_\_\_\_\_  
number

E-mail address: jskufe@comcast.net (for 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)

## ICLE I NAME

Name of the corporation shall be: \_\_\_\_\_

Lions District 35-L, Inc.

## ICLE II PRINCIPAL OFFICE

Address 1516 Ashlee Branch Way  
Suite, Apt. #, etc.  
City, State Saint Johns, FL  
Zip Code & Country 32259 US

Mailing address, if different is: \_\_\_\_\_

## ICLE III PURPOSE

Purpose for which the corporation is organized is (Maximum of 240 characters.)

To manage Lions Clubs for a geographical area of Florida who are involved in providing humanitarian services.

## ICLE IV MANNER OF ELECTION

The manner in

Manner in which directors are elected: appointed: \_\_\_\_\_

☒ As provided for in the bylaws.

## ICLE V INITIAL OFFICERS AND/OR DIRECTORS

Les Largen, District Governor  
Ariel Count  
sonville, FL 32277

Anthony Esposito, 1st Vice District Governor  
4480 Deerwood Lake Pkway - #636  
Jacksonville, FL 32216

Gregory Seltzer, 2nd Vice District Governor  
Sterling Point Drive  
Breeze, FL 32563

JoAnn Largen, Secretary  
3685 Ariel Count  
Jacksonville, FL 32277

res Thayer, Treasurer  
Greenberry Lane  
sonville, FL 32211

Louis Skufe, Advisor  
1516 Ashlee Branch Way  
Saint Johns, FL 32259

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ST. JOHN'S COUNTY  
TALLAHASSEE, FLORIDA

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

LEVI REGISTERED AGENT

Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Louis Skufe, Advisor \_\_\_\_\_  
1516 Ashlee Branch Way \_\_\_\_\_  
Saint Johns, FL 32259 \_\_\_\_\_  
\_\_\_\_\_

LEVII INCORPORATOR

Name and address of the Incorporator is:

Louis Skufe, Advisor \_\_\_\_\_  
1516 Ashlee Branch Way \_\_\_\_\_  
Saint Johns, FL 32259 \_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

LEVIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2023 (OPTIONAL)

If the effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

I have 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

Louis Skufe  
Required Signature of Registered Agent

12/11/22  
Date

I hereby certify that the information furnished in this document is true and correct to the best of my knowledge and belief, and I 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.

Louis Skufe  
Required Signature of Incorporator

12/11/22  
Date