

N23000005036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

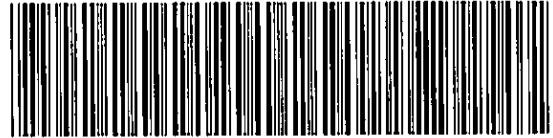
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
FEB 25 2023

02/22/23--01031--018 **87.50

ALLAHASSEE, FLOR.

RECEIVED
2023 FEB 22 PM 12:11

FILED
2023 FEB 24 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA-CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: \$87.50

AUTHORIZATION:

LZ Golf Foundation Inc.,

BUSINESS_____ **Document Number, (if known):**

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait___ Photocopy

☒ **Certified Copy of Articles of Organization**

☒ **Certificate of Status**

NEW FILINGS

___ **for Profit Corp**

___ **Not for Profit**

___ **Limited Liability**

___ **Domestication**

___ **Other**

☒ **CORP**

___ **PLLC**

AMMENDMENTS

___ **Amendment**

___ **Resignation of R.A. Officer/Director**

___ **Change of Registered Agent**

___ **Dissolution**

___ **Merger**

___ **Conversion**

___ **Amended and restated Articles**

___ **Statement of Authority**

OTHER FILINGS

___ **Annual Report**

___ **Fictitious Name**

___ **APOSTIL()**___
___ **Country**

REGISTRATION/QUALIFICATIONS

___ **Foreign filing**

___ **Limited Partnership**

___ **Reinstatement**

___ **Other**

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2023

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: LZ GOLF FOUNDATION INC.
Ref. Number: W23000025345

We have received your document for and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 223A00004374

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2023 FEB 24 AM 8:37
ALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: LZ Golf Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4521 PGA Boulevard #416

Palm Beach Gardens, Florida 33418

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The corporation is organized exclusively for charitable and other purposes within the meaning of Section 501 (C) (3) of the Internal Revenue Code of 1986, as amended, including the performance of activities and the making of distributions for such purposes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors are elected
and appointed initially by incorporator and thereafter as set forth in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas J. Zaccagnino - VP & Treasurer
Address: 4521 PGA Boulevard #416
Palm Beach Gardens, FL 33418

Name and Title: Darren Lowe - President & Secretary
Address: 7240 Winding Bay Lane
West Palm Beach, FL 33412

Name and Title: Thomas J. Zaccagnino - Director
Address: 4521 PGA Boulevard #416
Palm Beach Gardens, FL 33418

Name and Title: Kristie Zaccagnino - Director
Address: 4521 PGA Boulevard #416
Palm Beach Gardens, FL 33418

Name and Title: Sierra Lowe - Director
Address: 7240 Winding Bay Lane
West Palm Beach, FL 33412

Name and Title: Darren Lowe - Director
Address: 7240 Winding Bay Lane
West Palm Beach, FL 33412

SECRETARY OF STATE
TALLAHASSEE, FL

2023 FEB 24 PM 1:14

FILED

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: Thomas J. Zaccagnino

Address: 7421 PGA Boulevard #416

Palm Beach Gardens, FL 33418

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: Bruce G. Temkin

Address: 970 Farmington Avenue

West Hartford, CT 06107

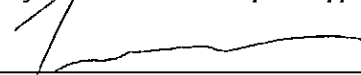
ARTICLE VIII EFFECTIVE DATE:

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.

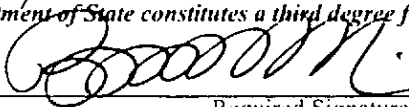
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:



Required Signature of Registered Agent

2.20.23
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

2.21.23
Date