

N23000005193

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000158695 3)))



H230001586953ABC6

S. CHATHAM
APR 28 2023

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

Originally received

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

04117123

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION THE CAIRNSCUP USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

2023 APR 17 PM 1:37

2023 APR 17 PM 1:37

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2023

CORPORATION SERVICE COMPANY

SUBJECT: THE CAIRSCUP USA, INC.
Ref. Number: W23000056163

RESUBMIT
Please give original
submission date as file date

We have received your document for THE CAIRSCUP USA, INC.. However, the document has not been filed and is being returned for the following:

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: 523A00008683

RECEIVED
2023 APR 27 PM 1:54
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: THE CAIRNS COP USA 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: John P Bell
Name (Printed or typed)

11109 GOLDEN EAGLE AVE
Address

WEEKI WAHCEE FL 34613
City, State & Zip

419-304-2048
Daytime Telephone number

ONELEGBELL @ 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: THE CAIRNSCUP USA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3 Singleton Avenue

LYTHAM ST. ANNES FY8 3JT

UNITED KINGDOM

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE CAIRNS CUP IS A DISABLED GOLF EVENT AND FESTIVAL
ALTERNATED EVERY 2 YEARS BETWEEN THE USA AND EUROPE

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Annually at the AGM according to the members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>IAN WILLIAM HALLIWELL, DIRECTOR</u>	Name and Title:	<u>GREG HOPPER, DIRECTOR</u>
Address	<u>3 SINGLETON AVENUE</u>	Address:	<u>3611 WHITFIELD WAY</u>
	<u>LYTHAM ST. ANNES FY8 3JT</u>		<u>POWDER SPRINGS, GA 30127</u>
	<u>UNITED KINGDOM</u>		
Name and Title:	<u>JOHN BELL, DIRECTOR</u>	Name and Title:	<u></u>
Address	<u>11109 GOLDEN EAGLE AVE</u>	Address:	<u></u>
	<u>WEEKI WACHEE, FL 34613</u>		<u></u>
	<u></u>		<u></u>
Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>

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: Corporation Service Company

Address 1202 Hays Street

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: IAN WILLIAM HALLIWELL

Address: 3 SINGLETON AVENUE LYTHAM

ST. ANNES FY8 3JT UNITED KINGDOM

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be the date of the filing.)

(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:

Angela Univer, AUP
Required Signature of Registered Agent

4/17/23
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

3/31/23.
Date