

7/6/23, 4:10 PM

Division of Corporations

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Florida Department of State
Division of Corporations
Florida Filing Cover Sheet

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To:

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

From:

Account Name : LITTMAN, SHERLOCK & HEIMS, INC.
Account Number : I19980000097
Phone : (772)287-0200
Fax Number : (772)872-5152

****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

Fort Pierce Shores Preservation, Inc.

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

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COVER LETTER

(((H23000237761 3)))

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

SUBJECT: FORT PIERCE SHORES PRESERVATION, 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: Littman, Sherlock & Heims, P.A.

Name (Printed or typed)

618 SE Ocean Blvd. Suite 5

Address

Stuart, FL 34994

City, State & Zip

(772) 287-0200

Daytime Telephone number

lshlaw@bellsouth.net

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)

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ARTICLE I NAMEThe name of the corporation shall be: Fort Pierce Shores Preservation, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address:
2500 Atlantic Beach Blvd.Ft. Pierce, FL 34949

Mailing address, if different is:

2301 Okceehobee Rd. #15Ft. Pierce, FL 34950**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: a group comprised of property owners, residents, and friends who are committed to the preservation of our court-affirmed beach access Right-Of-Ways (ROWs) in their original, natural state as dedicated to the residents of Fort Pierce Shores and the public. Additionally, we advocate for the protection of our dunes and natural coastal ecosystem which protect our homes, and enhance our community lifestyle and environment, including protected and endangered species of animal and plant life.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Majority vote**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Lisa Messineo, PresidentAddress: 2410 Oak Drive
Hutchinson Island, FL 34949Name and Title: Susan Rogers, Treasurer/VPAddress: 2500 Atlantic Beach Blvd.
Ft. Pierce, FL 34949Name and Title: Kathleen LaFlamme, SecretaryAddress: 2402 Oak Drive
Ft. Pierce, FL 34949

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____ (((H23000237761 3)))

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Heims, Howard K. _____

Address: 618 SE Ocean Blvd. Suite 5 _____

Stuart, FL 34994 _____

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Messineo, Lisa _____

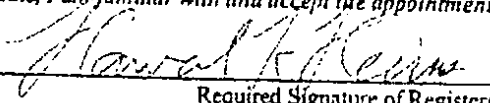
Address: 2410 Oak Drive _____

Hutchinson Island, FL 34949 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

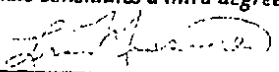
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

07/06/23

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

07/06/23

Date

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