

7/25/23, 1:31 PM

Division of Corporations

Florida Department of State
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To:

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Account Name : WARD, DAMON & POSNER, P.A.
Account Number : 072262000447
Phone : (561)842-3000
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

asegman@warddamon.com

FLORIDA PROFIT/NON PROFIT CORPORATION
MCNICHOLAS FAMILY FOUNDATION INC.

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

COVER LETTER

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

SUBJECT: MCNICHOLAS FAMILY FOUNDATION 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: ADAM R. SELIGMAN, ESQ.

Name (Printed or typed)

4420 BEACON CIRCLE

Address

WEST PALM BEACH, FLORIDA 33407

City, State & Zip

561-842-3000

Daytime Telephone number

ASELIGMAN@WARDLAW.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: MCNICHOLAS FAMILY FOUNDATION INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3001 PGA Boulevard

Suite 300

Palm Beach Gardens, Florida 33410

Mailing address, if different is:

3001 PGA Boulevard

Suite 300

Palm Beach Gardens, Florida 33410

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide assistance to private and public organizations that support athletic, educational and health development to young women, men and children, and all other uses related thereto.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As provided by the by-laws of the corporation

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas McNicholas-President

Address

3001 PGA Boulevard

Suite 300

Palm Beach Gardens, FL 33410

Name and Title: Kristina McNicholas-Secretary

Address:

3001 PGA Boulevard

Suite 300

Palm Beach Gardens, Florida 33410

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

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: Adam R. Seligman, Esq. _____

Address: Ward Damon Pl. _____

4420 Beacon Circle, WPB, FL 33407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adam R. Seligman, Esq. _____

Address: 4420 Beacon Circle _____

West Palm Beach, Florida 33407

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

7-25-2023

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

7-25-2023

Date

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