

N23000009458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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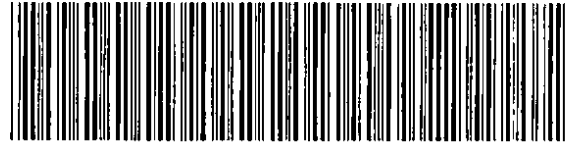
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUL 14 PM 4:23

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COVER LETTER

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

SUBJECT: CONNIE GILBERT SHOLARSHIP FUND 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: RICHARD BOETTGER

Name (Printed or typed)

1402 OLIVIA ST #1

Address

KEY WEST FL 33040

City, State & Zip

3052948503

Daytime Telephone number

rd.boettger@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: CONNIE GILBERT SCHOLARSHIP FUND

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1402 OLIVIA ST #1

KEY WEST FL 33040

Mailing address, if different is:
PO BOX 6342

KEY WEST FL 33041

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDING FINANCIAL SUPPORT FOR INDIVIDUALS
IDENTIFYING AS WOMEN BEGINNING OR RETURNING TO EDUCATION AT ANY LEVEL.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DARLEEN L. THOMAS, PRESIDENT

Address: PO BOX 6342
KEY WEST FL 33041

Name and Title: _____

Address: _____

Name and Title: W. CHRISTINE THOMPSON, VP

Address: 22749 BUCCANEER LANE
CUDJOE LANE, FL 33042

Name and Title: _____

Address: _____

Name and Title: RICHARD BOETTGER, SEC

Address: 1402 OLIVIA ST #1
KEY WEST FL 33040

Name and Title: _____

Address: _____

FILED
2023 JUL 14 PM 4:23
CLERK OF CIRCUIT COURT
TALLAHASSEE, FL
Elected 12 D's

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: W. CHRISTINE THOMPSON

Address: 22749 BUCCANEER LANE

CUDJOE LANE, FL 33042

ARTICLE VII INCORPORATOR

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

Name: RICHARD BOETTGER

Address: 1402 OLIVIA ST #1

KEY WEST FL 33040

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

JULY 9, 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

JULY 5, 2023
Date

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2023 JUL 14 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FL