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COVER LETTER

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

SUBJECT: Leesburg Kiwanis Noon 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: Phyllis Anderson
Name (Printed or typed)

P.O. Box 491107
Address

Leesburg FL 34749
City, State & Zip

352-326-8598
Daytime Telephone number

dohnstad1493@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: Leesburg Kiwanis Noon Foundation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1903 Vine Street

Leesburg, FL 34748

Mailing address, if different is:

P.O. Box 491107

Leesburg, FL 34749

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Kiwanis is a global organization
of volunteers dedicated to improving the world one child and
one community at a time.

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

As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Phyllis Anderson - President

Address: P.O. Box 491107
Leesburg, FL 34749

Name and Title: Shirley Dunne - Secretary

Address: P.O. Box 491107
Leesburg, FL 34749

Name and Title: Shirley Baylord - President Elect

Address: P.O. Box 491107
Leesburg, FL 34749

Name and Title: _____

Address: _____

Name and Title: David Onstad - Treasurer

Address: P.O. Box 491107
P.O. Box 491107
Leesburg, FL 34749

Name and Title: Kathie Capito - Director

Address: P.O. Box 491107
Leesburg, FL 34749

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Name and Title: Bill Stephens - Director

Address: P.O. Box 491107

Leesburg, FL 34749

Name and Title: Connie Baker - Director

Address: P.O. Box 491107

Leesburg, FL 34749

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Phyllis Anderson

Address: 1903 Vine Street

Leesburg, FL 34748

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Phyllis Anderson

Address: 1903 Vine Street

Leesburg, FL 34748

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

Phyllis Anderson
Required Signature of Registered Agent

8/12/24
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.

Phyllis Anderson
Required Signature of Incorporator

8/12/24
Date

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CLERK OF COURT
LEESBURG, FL