

N24000010495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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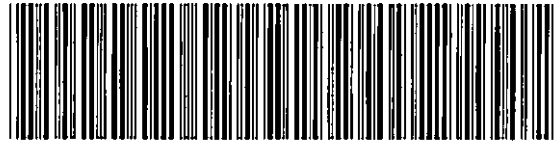
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Skilled Trades Advisory Council, 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: Lorijane Martin

Name (Printed or typed)

1395 Panther Lane, Suite 300

Address

Naples, FL 34109

City, State & Zip

239-434-4904

Daytime Telephone number

lorijane.martin@quarles.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: Skilled Trades Advisory Council, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
27200 Riverview Center Boulevard

Suite 201

Bonita Springs, FL 34134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide education and assistance to women interested in the trades
professions - e.g., carpentry, plumbing, electricians.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Almond, Jr., Director

Address: 27200 Riverview Center Boulevard
Suite 201
Bonita Springs, FL 34134

Name and Title: Jason Cesare, Director

Address: 27200 Riverview Center Boulevard
Suite 201
Bonita Springs, FL 34134

Name and Title: Philipp Kaeferle, Director

Address: 27200 Riverview Center Boulevard
Suite 201
Bonita Springs, FL 34134

Name and Title: Robert Almond, Jr., President

Address: 27200 Riverview Center Boulevard
Suite 201
Bonita Springs, FL 34134

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE VI REGISTERED AGENT

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

Name: Registered Agent Solutions, Inc

Address: 2894 Remington Green Lane, Ste. A

Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Almond Jr.

Address: 27200 Riverview Center Boulevard Ste. 201

Bonita Springs, FL 34134

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

Adam Saldana

Required Signature of Registered Agent

July 11, 2024

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.

[Signature]
Required Signature of Incorporator

7/19/24

Date