

N 240000/2584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

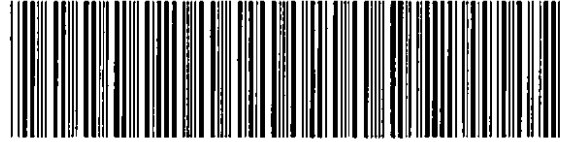
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Logan Michael Stolberg 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: Robert W. Bivins

Name (Printed or typed)

1060 Bloomingdale Ave.

Address

Valrico, FL 33596

City, State & Zip

(813) 643-4900

Daytime Telephone number

bbivins@bhpalaw.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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CLERK OF THE COURT
TALLAHASSEE, FL

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME
The name of the corporation shall be: Logan Michael Stolberg Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
805 E. Bloomingdale Ave., Ste. 769
Brandon, FL 33511

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

This corporation is organized exclusively for charitable, religious, educational, and scientific purposes.

including, for such purposes, the making of distributions to organizations that qualify as exempt organizations described

under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of

Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be

distributed to the federal government, or to a state or local government, for a public purpose.

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: Randy S. Stolberg, D,P Name and Title: Jennifer Stolberg, D,VP

Address: 805 E. Bloomingdale Ave., Ste. 769 Address: 805 E. Bloomingdale Ave., Ste. 769
Brandon, FL 33511 Brandon, FL 33511

Name and Title: Kim Bacci, D Name and Title: Terri Lorah, D

Address: 805 E. Bloomingdale Ave., Ste. 769 Address: 805 E. Bloomingdale Ave., Ste. 769
Brandon, FL 33511 Brandon, FL 33511

Name and Title: David Alvarez, D,T Name and Title: Mandy Marcum, D,S

Address: 805 E. Bloomingdale Ave., Ste. 769 Address: 805 E. Bloomingdale Ave., Ste. 769
Brandon, FL 33511 Brandon, FL 33511

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CLERK OF DISTRICT COURT
JANUARY 1, 2025

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: Robert W. Bivins
Address: 1060 Bloomingdale Ave.
Valrico, FL 33596

ARTICLE VII INCORPORATOR

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

Name: Robert W. Bivins
Address: 1060 Bloomingdale Ave.
Valrico, FL 33596

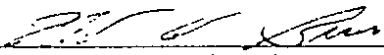
ARTICLE VIII EFFECTIVE DATE:

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

10/16/24

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.



Required Signature of Incorporator

10/16/24

Date

DEPARTMENT OF STATE
TALLAHASSEE, FL

2024 OCT 28 AM 9:08

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