

N9500000531

TRANSMITTAL LETTER

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

RECEIVED
FEB 11 1995
FEB 11 1995
****12,000 ****12,000

SUBJECT: Carolyn Felton of C.F. Sufferers of Northwest Florida 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

1995 JAN 30 PM 3:54

FILED

FROM: Vincent Serino
Name (Printed or typed)
27170 GUAPORE DR.
Address
PUNTA GORDA, FL. 33983
City, State & Zip
(813) 764-6604
Daytime Telephone number

N.P.
DOB
2/02/95
N95-531

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FILED
JUN 30 1954
TAMPA, FLA.

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

Name

The name of the corporation shall be:

CARING FRIENDS of C. F. S. SUFFERERS of SOUTHWEST FLORIDA INC.

ARTICLE II

Principal place of business and mailing address

The principal place of business and the mailing address of this corporation shall be:

27170 GUAPORE DR.
PUNTA GORDA, FL. 33983

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is (are): The purpose of starting this organization is to aid C.F.S.sufferers and their families who are in need of financial assistance, including but not limited to , housing , Food ,medical, including prescription drugs, pyscological, and legal advice.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

they are elected by the general membership for a term of one year beginning june 30, of each year.

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

VINCENT SERINO
27170 GUAPORE DR.
PUNTA GORDA, FL. 33983

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

VINCENT SERINO	JAMES M. WILLET
27170 GUAPORE DR.	148 N.W. GLADIS AVE.
PUNTA GORDA, FL. 33983	PORT CHARLOTTE, FL. 33952

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 20 day of JUNE, 1984.

Signature(s) of Incorporator(s):

Vincent Serino

VINCENT SERINO

Typed name of incorporator signing

James M. Willet

JAMES M. WILLET

Typed name of incorporator signing

Typed name of incorporator signing

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Caring Friends of G.F.S. sufferers of
SOUTHWEST FLORIDA INC. (must include suffix)

2. The name and address of the registered agent and office is:

VINCENT SERINO

(Name)

27170 GUAPORE DR.

(Street address - P. O. Box not acceptable)

PUNTA GORDA, FL. 33983

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Vincent Serino

(Signature)

6/30/94

(Date)

N9500000531

Vincent P. Serino
Josephine Serino
27170 Gaspare Drive
Punta Gorda, FL 33983

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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*****35.00 *****35.00

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUL 11 AM 11:09
JUL 11 1996



April 30 1995

Vincent Serino
27170 Guapore Drive
Punta Gorda, FL 33983

TEL - 941-764-6604

Dear member:

Since the support group began in March of 1994, we have been successful in being able to obtain membership from only 15 people. That is to say that 15 people pay the yearly dues amounting to \$225.00 per year. In light of this we have been unable to build a cash reserve.

We have sponsored 2 fund raising events that were unsuccessful. We lost \$700.00 of our own money. For the fund raising dinner dance we held at Victoria Estates, only four people from our entire group attended inspite of our efforts of phoning everone who ever attended our meetings followed up by a mailing of the same.

In spite of our own CFS disorder we feel we have tried our very best to form and maintain a successful support group. We just feel that this is not happening. Therefore, we the Executive Board, of the Charlotte Desoto CFS Support group are resigning our positions which include:

Vincent Serino, President
JoAnn Solis, Vice President
Bridget DeCosta, Secretary
Rhonda Pacifico, Treasurer

In conclusion we are enclosing a list of names of all people who have at one time or another attended the meetings.

If you wish for the group to continue you may opt to form a new Executive Board to carry on.

Respectfully submitted,

Vincent Serino
President

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is CAREING FRIENDS OF C.S.D. SUFFERERS OF Southwest Florida Inc.

SECOND: Adoption of dissolution (Complete Section I or II)

SECTION I

If the corporation has members entitled to vote:

The date of the meeting of members at which the resolution to dissolve was adopted was April 15 1995.

(CHECK ONE)

- ☒ The number of votes cast for dissolution was sufficient for approval.
- ☐ The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members with voting rights:

The corporation has no members or members with voting rights.

The date of adoption of the resolution by the board of directors was July 11 1996.

The number of directors in office was _____ and the vote for the resolution was _____ for and _____ against.

Signed this 8 day of July, 1996.

Signature _____

(By the Chairman or Vice Chairman of the Board,
President or other officer)

VINCENT SERINO

Typed or printed name

PRESIDENT

Title

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUL 11 AM 11:08