

795000000763

Sills / Lonswey
NEWCOMERS
580 CARRINGTON DR
FT. LAUD., FL. 33326

CHS - CHS FIDELITY

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

1. Corporation Name: _____ Document Number: _____
 2. Corporation Name: _____ Document Number: _____
 3. Corporation Name: _____ Document Number: _____
 4. Corporation Name: _____ Document Number: _____
- Walk in Pick up to Certified Copies
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- NonProfit
- Limited Liability
- Corporation
- Other

AMENDMENTS

- Amendment
- Reorganization (S, R, A, L, etc.)
- Change of Registered Agent
- Change of State
- Other

OTHER FILINGS

- Annual Report
- Change of Name
- Change of Address

REGISTRATION
QUALIFICATION

- Foreign
- Domestic Partnership
- Partnership
- Trust
- Other



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 12, 1995

SILLS/LONSWAY
580 CARRINGTON DR
FT LAUDERDALE, FL 33326

SUBJECT: WESTON NEWCOMERS, INC.
Ref. Number: W95000000902

We have received your document for WESTON NEWCOMERS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation. A statement making reference to the bylaws is acceptable.

Bylaws are not filed with this office. Please retain them for your records.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6919.

~~487-6919~~
Beth Register
Corporate Specialist Supervisor

Letter Number: 295A00001506

*Corrections are made as per attached.
Please call Paula Lonsway at (305) 389-8706
or Mollie Silles at (305) 389-9658
if you have any questions.
Thank You!*

ARTICLES OF INCORPORATION

FOR

Weston Newcomers, Inc.

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:

Weston Newcomers, Inc.

ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

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

580 Carrington Drive
Ft Lauderdale, FL 33326

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

To acquaint Newcomers of Weston ^{the} with each other and their community by providing a club that encourages participation in group activities.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

The election + appointment of officer &/or directors is as stated in the by-laws.

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:

Paula Lonsway
580 Carrington Drive
Ft. Lauderdale, FL 33326

ARTICLE VII INCORPORATORS

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

President: Mollie Sills - 620 Carrington Dr, Ft Laud, FL 33326
Treasurer: Paula Lonsway 580 Carrington Dr Ft Laud, FL 33326

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 12th day of October, 19 94.

Signature(s) of the Incorporator(s)

Mollie J. Sills

Paula Lonsway

Mollie J. Sills

Typed name of incorporator signing

Paula Lonsway

Typed name of incorporator signing

Typed name of incorporator signing

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: WESTON NEWCOMERS, Inc.

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

PAULA LONSWAY
(NAME)
580 CARRINGTON DRIVE
(P.O. BOX NOT ACCEPTABLE)
FT LAUDERDALE, FL 33326
(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.

SIGNATURE

Paula Lonsway

DATE

10/1/94

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 11 PM 12:13

mtu
10/18

DOCUMENT # **N95000000763**

1 Corporation Name

WESTON NEWCOMERS, INC.

Principal Place of Business

580 CARRINGTON DRIVE
FT LAUDERDALE FL 33326

Mailing Address

580 CARRINGTON DRIVE
FT LAUDERDALE FL 33326

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4 Date Incorporated or Qualified
To Do Business in Florida

02/15/1995

5 FEI Number

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Titles

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

4

City / State / Zip

P

MATT STERMER

552 TALAVERA RD

FT LAUD, FL 33326

V

PAULA LONSWAY

580 CARRINGTON DR

FT LAUD, FL 33326

S

CINDY CARDENAS

548 TALAVERA RD

FT LAUD, FL 33326

T

LINDA ROUSE

15108 W SR 84

SUNRISE, FL 33326

000001983610--5
10/23/96-01020-013
*****61.25 *****61.25

8. Name and Address of Current Registered Agent

LONSWAY, PAULA
580 CARRINGTON DRIVE
FT LAUDERDALE FL 33326

9. Name and Address of New Registered Agent

Name

000001983610--5
10/23/96-01020-014

Street Address (P.O. Box Number is Not Acceptable)

*****175.00 *****175.00

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Paula Lonsway

REGISTERED AGENT MUST SIGN

Date 10/1/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath

SIGNATURE:

Paula Lonsway

PAULA LONSWAY

Date 10/1/96

954/384-8706
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR