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

****131.25 ****131.25

SUBJECT: THE DISABLED AND RETIRED POLICE OFFICERS OF CORAL GABLES, 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

ORRIGINAL AND 2 COTTES ENCL. ADDITIONAL COPY REQUIRED

FROM:

Mark Scanlan

Name (Printed or typed)

32631 Hill Street

Address

Eustis, FL 32736-9558

City, State & Zip

352-483-1752

Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming corporation under the Florida Not for Profit Corporation A hereby adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

THE DISABLED AND RETIRED POLICE OFFICERS OF CORAL GABLES, INC.

ARTICLE II PRINCIPAL OFFICE

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

32631 Hill Street Eustis, Florida 32736-9558

ARTICLE III PURPOSES

The specific purposes for which the corporation is organized are:

SECTION 1. The object and purposes of THE DISABLED AND RETIRED POLICE OFFICERS OF CORAL GABLES, INC. shall be to insure the welfare, needs and general well being of all City of Coral Gables, Florida police officers, both active and retired. To include those who are retired by years of service, or by disability retirement; whether their disability be in the line-of-duty or not in the line-of-duty. And to that of the immediate families of the aforementioned, as well as to the surviving family members of those officers killed in the line-of-duty, and to those families of all officers whose deaths may occur or has occured while employed as a City of Coral Gables police officer. This shall be accomplished by the organization making monetary donations to all of the aforementioned who are in need of such assistance.

And this organization shall have as it's purpose, to cause to be erected, a fitting memorial, to honor those City of Coral Gables police officers, killed or injured in the line of duty.

And for the purpose of the regulation, coordination and adjustment of such matters pertaining to and affecting it's members.

The organization shall involve itself in a solicitation of contributions, fund-raising campaign, of citizens and businesses in the City of Coral Gables, Florida; the net proceeds of such shall support the purposes of the organization, all fund-raising by the organization shall be conducted in full accordance with all applicable Federal, State and local laws.

ARTICLES OF INCORPORATION

THE DISABLED AND RETIRED POLICE OFFICERS OF CORAL GABLES, INC.

CONTINUATION

This organization shall not issue stock, but may confer benefits upon it's members in need, in conformity with it's object and purpose.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS The manner in which the directors are elected or appointed is:

The method of election of the organizations Board of Directors is stated in the organizations bylaws.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent is:

Mark Scanlan 32631 Hill Street Eustis, Florida 32736-9558

ARTICLE VI INCORPORATOR
The name and address of the Incorporator to these Articles of Incorporation is:

Mark Scanlan 32631 Hill Street Eustis, Florida 32736-9558

ture/Incorporator

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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:

THE DISABLED AND RETIRED POLICE OFFICERS OF CORAL GABLE	s, inc.
(must include suffix)	
2. The name and address of the registered agent and office is: MARK SCANLAN	ANY LIVE
(NAME)	უ <u>ი</u> ეი ი :
32631 HILL STREET	
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	
EUSTIS, FL 32736-9558 (CITY/STATE/ZIP)	NS.

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.

July 1, 1998
(DATE)