Date: 1-6-99 N9 90000003325

Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: TROPICAL GATHERIUG IN FLORIDA
NON-PROFIT CORPORATION

800002818648----03/25/99--01089--001 ****157.50 *****87.50

To the Secretary of State:

Enclosed please find an original and one copy of the Articles of Incorporation for the above-referenced corporation, a Florida Non-Profit Corporation.

Also included is a check in the amount of One Hundred Fifty Seven Dollars and Fifty Cents (\$157.50) representing the following:

Filing Fee \$70.00
One Certified Copy \$52.50
Registered Agent Fee \$35.00

TOTAL \$157.50

If you have any questions, please contact me.

Thank you.

Very touly yours,

Enclosures: 3 as stated

GAVE

AUTHORIZATION BY PHONE TO

CORRECT HUSCLE

DATE

DOC EXAM

5-29569

312 Mayora



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 30, 1999

LAWRENCE WEBB 2600 NW 118TH DR. CORAL SPRINGS, FL 33065

SUBJECT: TROPICAL GATHERING IN FLORIDA

Ref. Number: W99000007649

We have received your document for TROPICAL GATHERING IN FLORIDA and your check(s) totaling \$157.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the original and one copy of 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 (850) 487-6995.

Wanda Sampson **Document Specialist**

Letter Number: 199A00016068

Paytine phone #

954-383-9909

Prise Call me when it Thank

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION OF

ARTICLE I.

NG IN FLORIDA, INC.

The name of the corporation is: <u>IROPICAL GATHERING IN FLORIDA</u> | NC, The Corporation is organized under the Florida Not For Profit Act.)

ARTICLE II. PRINCIPAL OFFICE

The principal office of the Corporation (or the mailing address) will be: <u>\$600 N.W. 1184 OR., CORAL SPRINGS, FL., 33065</u>.

ARTICLE III. DURATION

The corporation shall exist in perpetuity.

ARTICLE IV.

The corporation is organized for the purposes of promoting and supporting A COLLECTOR'S CHARITY GATHERING.

ARTICLE V.

The Corporation may have one or more classes of members.

ARTICLE VI. DUTIES OF DIRECTORS AND VOTING RIGHTS OF MEMBERS

The members by majority vote shall have the right to elect or remove Directors with or without cause. Members will not have the right to cumulate their votes. All corporate powers must be exercised by or under the authority of and the affairs of the Corporation managed under the direction of its Board of Directors.

ARTICLE VII. INITIAL REGISTERED OFFICE AND AGENT

The name and address of the initial Registered Agent and Registered Office of the Corporation are:

A. LAWRENCE WEBS

ADDRESS

2600 N.W. 118th DR.

CORAL SPRINGS, FC, 33065

ARTICLE VIII.

INITIAL BOARD OF DIRECTORS

The Corporation shall have _____ Directors/ The Corporation shall never have less than three Directors. The manner of electing Directors shall be stated in the By-Laws. The names and addresses of the Initial Directors appear below.

ALAWRENCE WEBB 2600 N.W. 118 Dr. CORAL SALVES, FR.

ANN D: VIETRO 2600 N.W. 118 Dr. CORAL SALVES, FR.

Prebicca Fulton 3530 NE 25th Ferr. Ft. lauderdale, Fl.

33308

ARTICLE IX. INCORPORATION

The names and addresses of the Incorporators are:

NAME		ADDRESS
A. LAWRENCE WEBB		2600 N.W. 118th DR. Cores Smus, FC
ANN DIVIETRO	<u> </u>	2600 N.W. 1/8 Dr. CORAL SPRINGS, FC
		, , , , , , , , , , , , , , , , , , , ,

ARTICLE X. BY-LAWS

The power to adopt, alter, amend or repeal the By Laws shall be vested in the Directors.

ARTICLE XI. INDEMNIFICATION

The Corporation shall indemnify any officer or director or any former officer or director to the full extent permitted by law.

ARTICLE XII. MEMBERSHIP

The initial Members of the Corporation shall be its Board of Directors. The Corporation may have one or more classes of Members as provided in the By-laws. New members may be added upon the approval of a majority of Board of Directors.

ARTICLE XIII. TERMINATION

Upon the termination of the Corporation, all assets remaining after the payment of corporate obligations shall be transferred to a non-profit organization which is exempt from Federal taxation under Internal Revenue Code Section 501(c)(3).

ARTICLE XIV. COMMENCEMENT OF CORPORATE EXISTENCE

Corporate existence shall be deemed to commence on May 21, 1990
The undersigned have executed these Articles of Incorporation this day of January, 19 99 A.D. Advance (Debt Incorporator)
lan Oi Va
Incorporator ,

Incorporator

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE UPON WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 617.023, Florida Statutes, the undersigned corporation, organized under the Florida Not for Profit Act, submits the following statement in designating the registered agent/registered office, in the State of Florida.

- The name of the corporation is IROPICAL GATHERING IN FLORIDA, INC. 1.
- The name of the registered agent and office are: 2.

2600 N.W. 118th Da. CORAL SPRINGS, FL, 33065 A. LAWRENCE WEBB

ignature of Resident Agent

. HAWRENCE WEBB Printed Name of Resident Agent

Date: /-6-99

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.

sident Agent A LAWRENCE WESS

STATE OF FLORIDA

I hereby certify that on the day of the large of the personally appeared one of the personal one of the persons named as Incorporator herein, and he acknowledged before me that he executed said instrument.

Form of Identification: Derson ally known

Witness my hand and official seal in the County and State aforesaid, this ord day of January My Commission Expires:

Notary Stamp:

Printed Name of Notary



"OFFICIAL SEAL" Jacqueline S. Winslow My Commission Expires 6/19/99 Commission #CC 474148