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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Office Use Only

Requestor's Name

CHARLOTTE CORRECTIONAL INSTITUTION 33123 Oil Well Road

Punta Gorda, Florida 33955

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CORPORA	TION NAME(S) & DO	CUMENT NUMBER(S), (if known)	ATE 19
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2	(Corporation Name)	(Document #)	
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4	(Corporation Name)	(Document #)	
☐ Walk in	Pick up time _	Certified Co	ру
☐ Mail out	☐ Will wait	Photocopy Certificate of	f Status
NEW FILINGS	AMENDA	IENTS	
Profit	Amendment		
NonProfit	Resignation o	f R.A., Officer/ Director	
Limited Liability	Change of Re	gistered Agent	

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

Domestication

Other

REGISTRATION/ POUR CONTROL OF THE PROPERTY OF
Foreign
Limited Partnership
Reinstatement
 Trademark
Other

Dissolution/Withdrawal

Merger

N99-13832

Examiner's Initials



ORIDA DEPARTMENT **Set** Katherine Harris Secretary of State

June 14, 1999

WARREN W. CORNELL, WARDEN CHARLOTTE CORRECTIONAL INSTITUTION 33123 OIL WELL ROAD PUNTA GORDA, FL 33955

SUBJECT: THE EMPLOYEES' OF CHARLOTTE CORRECTIONAL

INSTITUTION INC.

Ref. Number: W99000013832

We have received your document for THE EMPLOYEES' OF CHARLOTTE CORRECTIONAL INSTITUTION INC. and your check(s) totaling \$87.50. 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 or a statement that the method of election of directors is as stated in the bylaws.

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.

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) 487-6972.

Doris Brown Document Specialist

Letter Number: 499A00031948

EFFEGTIVE DATE

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

The Employees' Club of Charlotte Correctional Institution Inc.

ARTICLE II PRINCIPAL OFFICE

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

Charlotte Correctional Institution

33123 Oil Well Rd.

Punta Gorda, Fl., 33955

ARTICLE III PURPOSE(S)

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

To promote goodwill and harmony among the members; To develop and improve recreation activities; To assist the Administrative Officials of Charlotte Correctional Institution in their efforts to program and initiate activities and improvements and to instill in employees a desire to attain excellence; To encourage a friendly and tolerant relationship among staff.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

By ballot requiring a majority vote of members voting to electronce a year, as stated in the Club By-Laws.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Warren W. Cornell, Warden

Charlotte Correctional Institution

33123 Oil Well Rd.

Punta Gorda, Fl., 33955

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Miguel A. Rosario, Accountant

Charlotte Correctional Institution

33123 Oil Well Rd.

Punta Gorda, Fl., 33955

ARTICLE VII EFFECTIVE DATE

The effective date shall be:

June 21, 1999

Signature/Incorporator

8 / 9 9 Date

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 statu Stes 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/Registered Agent

Date