

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of LEHIGH ACRES COMMUNITY PLANNING CORPORATION, a Florida corporation, filed on December 15, 2004, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H04000247295. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below

The document number of this corporation is N04000011681.

Authentication Code: 904A00070030-121604-N04000011681-1/1



Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Sixteenth day of December, 2004

Glenda E. Hood
Glenda E. Hood
Secretary of State

**ARTICLES OF INCORPORATION
OF
LEHIGH ACRES COMMUNITY PLANNING CORPORATION**

The undersigned, acting as the incorporator of this not-for-profit corporation pursuant to Chapter 617 of the Florida Statutes, hereby adopts the following Articles of Incorporation:

**ARTICLE 1
NAME AND ADDRESS**

The name of the corporation is LEHIGH ACRES COMMUNITY PLANNING CORPORATION (the "Corporation"). The principal business address of the Corporation is 536 Whispering Wind Bend, Lehigh Acres, Florida 33936.

**ARTICLE 2
PURPOSE**

The general nature of the objects and purposes of this Corporation shall be:

1. To support the management, planning, and redevelopment of the Plat, known as Lehigh Acres, to a level which will meet the needs of the community known as Lehigh Acres, located in Lee County, Florida, and to prepare and deliver such a community plan for Lehigh Acres to the designated agent for the Lee County Board of County Commissioners.
2. To do any and all things necessary and appropriate in connection with the foregoing purpose and incidental thereto.
3. The Corporation's purposes are hereby limited in such a manner as will qualify it as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended ("Code"), or under any corresponding provision of any subsequent federal tax laws, covering the distribution to organizations qualified as tax-exempt organizations under the Code.

**ARTICLE 3
DIRECTORS**

- A. The affairs, property and business of the Corporation shall be managed and controlled by a Board of Directors. The number of Directors may be increased or decreased from time to time by the Bylaws, but shall never be less than three (3).
- B. Members of the Board of Directors shall be elected and hold office in accordance with the Bylaws.
- C. The names and addresses of the members of the initial Board of Directors who shall hold office until their successors are duly elected and qualified, or until removed are as follows:

<u>Name</u>	<u>Address</u>
Willard Barker	609 North Avenue Lehigh Acres, FL 33972
Desmond Barrett	710 Cleveland Avenue Lehigh Acres, FL 33972
Charlie DiFelice	702 Willow Drive Lehigh Acres, FL 33936
Liz Eilf	9 Beth Stacey Boulevard Lehigh Acres, FL 33936
Wayne Elrod	1638 Covington Meadows Circle Lehigh Acres, FL 33936
Colin Feng	8240 Lirope Loop Lehigh Acres, FL 33936
Jim Fleming	536 Whispering Wind Bend Lehigh Acres, FL 33936
Frank LaRosa	1147 Navajo Avenue Lehigh Acres, FL 33936
John Miller	1006 Alaska Avenue Lehigh Acres, FL 33971
Grace Parish	30 Colorado Road Lehigh Acres, FL 33936
Azelma Simmons	1413 Kimdale Street, East Lehigh Acres, FL 33936
Keith S. Richter	406 Highland Avenue Lehigh Acres, FL 33972

ARTICLE 4
REGISTERED AGENT

The initial registered agent of this Corporation, for the purpose of accepting service of process within this State, and the street address of its initial registered office are as follows:

Name

Address

Jim Fleming

536 Whispering Wind Bend
Lehigh Acres, FL 33936

**ARTICLE 5
INCORPORATOR**

The name and address of the person signing these Articles of Incorporation are as follows:

Name

Address

Jim Fleming

536 Whispering Wind Bend
Lehigh Acres, FL 33936

**ARTICLE 6
LIMITATIONS AND RESTRICTIONS**

A. No part of the net earnings or assets of the Corporation shall inure to the benefit of any individual, Director or officer, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article 2 hereof.

B. No substantial part of the activities of the Corporation shall be the carrying on of propaganda or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

C. Notwithstanding any other provision of these Articles, the Corporation shall not conduct or carry on any activities not permitted to be conducted or carried on (a) by any organization exempt from federal income tax under Section 501(c)(3) of the Code, or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Code, or under any corresponding provision of any subsequent federal tax laws.

D. The Corporation may by its Bylaws make any other provisions or requirements for the arrangement or conduct of its business, provided the same are not inconsistent with these Articles of Incorporation, nor contrary to the laws of the state of Florida or of the United States.

**ARTICLE 7
DISSOLUTION OF CORPORATION**

Upon the dissolution of the Corporation or the winding up of its affairs, the assets of the Corporation remaining after payment of all costs and expenses of such dissolution shall be distributed exclusively to social welfare organizations which would then qualify under the provisions of Section 501(c)(3) of the Code, or to charitable or educational organizations which

would then qualify under the provisions of Section 501(c)(3) of the Code. Upon dissolution of the Corporation, none of the assets shall be distributed to any officer or Director of the Corporation or to any private individual.

**ARTICLE 8
TERM**

This Corporation shall commence upon the filing of these Articles and shall exist perpetually thereafter.

**ARTICLE 9
MEMBERS**

The Corporation shall not have any members.

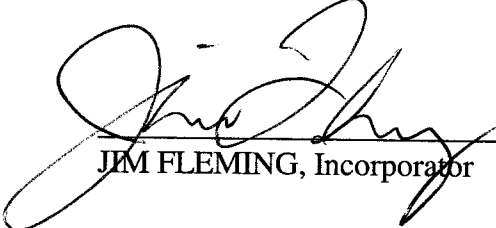
**ARTICLE 10
BYLAWS**

The power to adopt, alter, amend or repeal bylaws of the Corporation shall be vested in the Board of Directors. The Board of Directors of this Corporation may provide such bylaws for the conduct of its business and the carrying out of its purposes as they may deem necessary from time to time.

**ARTICLE 11
AMENDMENT**

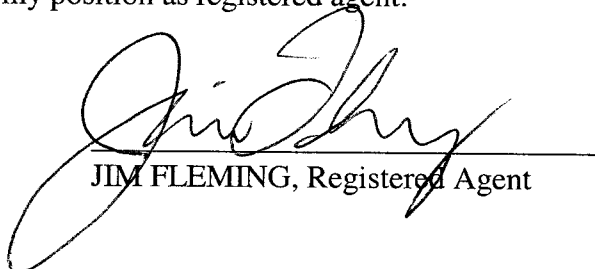
The Articles of Incorporation may be amended by a majority vote of the Board of Directors of the Corporation at a regular meeting or at a duly called special meeting, upon proper notice, at which a quorum is present, as provided for in the Bylaws.

The undersigned incorporator has hereunto set his hand and seal this 15th day of December, 2004, for the purpose of forming this Corporation not for profit under the laws of the state of Florida.


JIM FLEMING, Incorporator

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

Having been named to accept service of process for this Corporation, at the place designated in these Articles of Incorporation, I hereby accept the appointment, understand my duties 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.


JIM FLEMING, Registered Agent



Internal Revenue Service

The
Digital
Daily

DEPARTMENT OF THE TREASURY

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-2011221

Today's Date is: December 16, 2004 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	EIN 20-2011221 OMB No. 1545-0003
1* Legal name of entity (or individual) for whom the EIN is being requested LEHIGH ACRES COMMUNITY PLANNING CORPORATION		
2 Trade name of business (if different from name on line 1)	3* Executor, trustee, "care of" name JIM FLEMING	
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 536 WHISPERING WIND BEND	5a Street address (if different) (Do not enter a P.O. box)	
4b* City, state, and ZIP code LEHIGH ACRES FL 33936 -	5b City, state, and ZIP code	
6* County and state where principal business is located County LEE State FL		
7a Name of principal officer, general partner, grantor, owner, or trustor	7b SSN, ITIN, EIN	
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ COMMUNITY PLANNING <input type="checkbox"/> Other (specify) ▶		
<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal government/enterprises <input type="checkbox"/> Group Exemption NO. (GEN) ▶		
8b If a corporation, name the state or foreign country (if applicable) where incorporated	State FL	Foreign country
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ community planning <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶		
<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) DEC 15 2004	11 Closing month of accounting year	
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶		
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i> ▶	Agriculture <u>0</u>	Household <u>0</u>
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Real estate <input checked="" type="checkbox"/> Other (specify) COMMUNITY PLANNING		
<input type="checkbox"/> Rental & leasing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other		
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. COMMUNITY PLANNING AND REDEVELOPMENT		
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note If "Yes" please complete lines 16b and 16c</i>		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN -		
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form		
Third Party Designee	Designee's name GUY E WHITESMAN OR KAREN S LABORDE Address and ZIP code PO BOX 280 FORT MYERS FL 33902 - 0280	Designee's telephone number (include area code) (239) 344 - 1100 Designee's fax number (include area code) (239) 344 - 1200
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)		Applicant's telephone number (include area code)

▶ <u>JIM FLEMING</u> President Signature ▶ Not Required	Date ▶ December 16, 2004 GMT	(<u>239</u>) <u>368</u> - <u>7206</u> Applicant's fax number (include area code) () -
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