N0900003481

(Requestor's Name)			
(Ac	ldress)		
(110			
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
,		,	
PICK-UP	☐ WAIT	MAIL	
	<u> </u>	_	
(Bu	ısiness Entity Nan	ne)	
(Do	ocument Number)		
O	0		
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
		-	





000148525030

04/06/09--01040--013 **87.50

2009 AFR -6 PH 4: 42

Tourn APR 8 2009

COVER LETTER

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

Tallahassee, FL 32314			
SUBJECT: Charles Sw	ranson American Legion Auxi (PROPOSED CORPORAT	liary Unit 80, Inc. E NAME – <u>MUST INCLU</u>	DE SUFFIX)
Enclosed is an original a	nd one(1) copy of the Articl	es of Incorporation and	a check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Jill Lux Name (Pri	nted or typed)	_
4815 Robin Drive Address			_
Saint Cloud, Florida 34772 City, State & Zip			
	407-892-9634		

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

Daytime Telephone number

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ART	ICLE I	NAME

The name of the corporation shall be:

Charles Swanson American Legion Auxiliary Unit 80, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1019 Pennsylvania Ave. Saint Cloud, Florida 34769

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To promote programs to benefit the veterans and our community

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

We hold elections per our Constitution and By-laws annually in June. We elect the following:

President, 1st Vice Pres., 2nd Vice Pres., Treasurer, Historian, Chaplain, Sgt. at Arms and three members on our Executive Committee. Our Secretary is appointed.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

President: Monica Campbell 814 Conn. Ave., Saint Cloud, FL 34769 1st Vice Pres: Myrtle Farrugello 875 Navajo Rd.. Saint Cloud, FL 34772

Treasurer: Jill Lux 4815 Robin Drive Saint Cloud, FL 34772

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Jill Lux 4815 Robin Drive Saint Cloud, FL 34772

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Monica Campbell

814 Connicut Ave. Saint Cloud, Florida 34769	
*************	***********
Having been named as registered agent to accept service of process for	the above stated corporation at the place designated
in this certificate, I am familiar with and accept the appointment as reg	gistered agent and agree to act in this capacity.
- Jul Lux	November 6, 2008
Signature Registered Agent	Date
Monier Camplelle	November 6, 2008
Signature/Incorporator	Date