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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

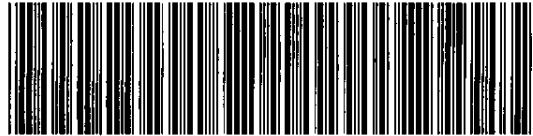
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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10/22/10

**COVER LETTER**

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

**SUBJECT:** Fraternal Order of Eagles St. Augustine Auxiliary #4256 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 of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Barbara Kelly  
Name (Printed or typed)

1412 Century Circle  
Address

St. Augustine, Fl. 32084  
City, State & Zip

904-829-8140  
13 So. Dixie Highway Telephone number

ladies4256@bellsouth.net  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Fraternal Order of Eagles St. Augustine Auxiliary #4256 Inc

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

13 So. Dixie Highway  
St. Augustine, Fl. 32084

Mailing address, if different:

P.O. Box 5428  
St. Augustine, Fl. 32085

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This organization was instituted for charitable purposes, both national and local

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

The manner in which the directors are elected or appointed is annually in the month of May by member vote

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Trish Franzen President Name and Title: \_\_\_\_\_  
Address: 3501-B Ponce De Leon Blvd. #144 Address: \_\_\_\_\_  
St. Augustine, Fl. 32084

Name and Title: Barbara Kelly Secretary Name and Title: \_\_\_\_\_  
Address: 1412 Century Circle Address: \_\_\_\_\_  
St. Augustine, Fl. 32084

Name and Title: Lagae Rich Treasurer Name and Title: \_\_\_\_\_  
Address: 6545 Pine Circle Address: \_\_\_\_\_  
St. Augustine, Fl. 32095

**ARTICLE VI REGISTERED AGENT**

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

Name: Barbara Kelly  
Address: 1412 Century Circle  
St. Augustine, Fl. 32084

*we already have  
an EIN # 91-1799556*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Trish Franzen  
Address: 3501-B Ponce De Leon Blvd. #144  
St. Augustine, Fl. 32084

*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 registered agent and agree to act in this capacity*

*Barbara Kelly*  
Required Signature of Registered Agent

10/18/10  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

*[Signature]*  
Required Signature of Incorporator

10/18/10  
Date