

N10000009921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

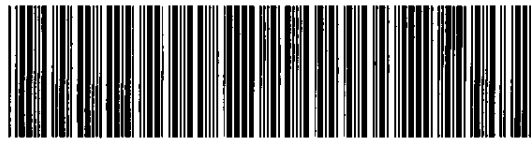
(Business Entity Name)

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DIVISION OF CORPORATIONS
2010 OCT 21 PM 3:29

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. Dickinson 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