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(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	,
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



800193912698

02/14/11--01018--022 **87.50



Ps 2/16/11

COVER LETTER

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

\$70.00

Filing Fee

SUBJECT: Blue Knights Law Enforcement Motorcycle Club Inc. Florida Chapter XV
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$78.75

Filing Fee

& Certified Copy

\$87.50

ADDITIONAL COPY REQUIRED

Filing Fee,

Certified Copy

& Certificate

EDOM	Paul A GRIFFIN		
I ROM.	Name (Printed or typed)		
	4398 Puritan Lane		
	Address		
	Spring Hill, FL. 34608		
	City, State & Zip		
	352-666-4225		
	Daytime Telephone number		
	retnhsp Obccga.com		
E	E-mail address: (to be used for future annual report notification)		

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$78.75

Status

Filing Fee &

Certificate of

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

ARTICLES OF INCORPORATION

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

in compliance v	with Chapter 617, F.S., (Not for Profit)
RTICLE I NAME the name of the corporation shall be: Blue Knights	Law Enforcement Motorcycle Club Inc. Florida Chapter
RTICLE II PRINCIPAL OFFICE	
Principal street address	Mailing address, if different is:
· 11555 Captiva Kay	
Riverview FL. 335	69 P.O. Box 5022
	Tampa FL 33675
RTICLE III PURPOSE	
The second of th	to provide a fraternal and social Motorcycle national who live, work or otherwise wish to
ne purpose for which the corporation is organized is:	to I who live most or otherwise wish to
CIUB for members of the Intern	tarrowar. who thee, were of otherwise wish to
ssociate Themselves with The C	hapler,
	•
ARTICLE V <u>INITIAL OFFICERS AND/OR</u>	
	President" Name and Title: GRIFFIN, Paul Tres.
Address: 11555 Captiva Kay Dr	
Riverview FL. 3350	69 Spring HILL 3460B
Name and Title: EDELMANN, Joseph	V. Pres. Name and Title: MCLAUGHLIN, Don Dir.
Address: 9105 41 St Way	Address: 15146 Springview 54
Pinellas Park FL' 3	13782 Tampa FL 33624
Name and Title: <u>SEIBEL</u> , <u>James</u> Address: <u>21021 Leonard Rd</u> <u>Lutz FL</u> 3354	Sec. Name and Title: SCHMITT, Bruce Dir Address: 8405 Camphor Dr. Spring Hill Fb 34608
Drici P III Drcietteen Acelt	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT ac	ccentable) of the registered agent is:
Name: Dennis Depres	
Address: 1/555 Captiva Ka	$(\mathcal{G}, \mathcal{D})$
Riverview FL 3	<u>3569</u> ≥ □
····	
DATOL BUTT MICODDOD 4 AOD	
he name and address of the Incorporator is	
Name: _ Law / Griff	
Address: 4398 Purlian Lan	n p
Address: <u>4398 Purlian Lan</u> Spring Hill, FL.	<u>34608</u>
	-
	wine of manager for the shows stated commonstion at the wines designated in this
laving been named as registered agent to accept serv ertificate, I am familiar with and accept the appointmen	vice of process for the above stated corporation at the place designated in this nt as revistered agent and agree to act in this capacity
injectio, I will juridian man only occept the appointment	
L X Tel Vanne	.[/ 2-10-11
Required Signature of Register	
	herein are true. I am aware that any false information submitted in a document
o the Department of State constitutes a third degree felo	iny as provided for in 8.61 /.155, E.S.
Vaul Zuffin	2-10-11
Required Signature of In	
Vedin eta si ili	ment to the second seco