

N11000006593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

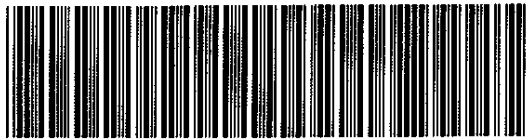
(Business Entity Name)

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2011 JUL 11 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FL 32301

SC
7-13-11

COVER LETTER

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

SUBJECT: Disabled American Veterans Auxiliary, Venice Gulf Unit #101, 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: Patricia B McKinney
Name (Printed or typed)

101 S Aquila Street
Address

Nokomis, FL 34275
City, State & Zip

941-485-8260
600 East ~~Capital~~ Telephone number

patmck30@comcast.net
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL 32314
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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 Disabled American Veterans Auxilliary, Venice Gulf Unit #101, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
600 East Colonia Lane
Nokomis, FL 34275

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
The betterment of all disabled veterans, past, present and future

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Elected:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia B McKinney, Commander
Address: 101 S Aquila Street
Nokomis, FL 34275

Name and Title: Janet Hargarther, Treasurer
Address: 3903 Founders Club Drive
Sarasota, FL 34240

Name and Title: Terry Steinke, Sr. Vice Commander
Address: 613 Tangerine Street
Nokomis, FL 34275

Name and Title: _____
Address: _____

Name and Title: Anna Springer, Jr. Vice Commander
Address: 954 Inagua E
Venice, FL 34285

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Patricia B McKinney
Address: 101 S Aquila Street
Nokomis, FL 34275

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patricia B McKinney
Address: 101 S Aquila Street
Nokomis, FL 34275

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Patricia B McKinney
Required Signature of Registered Agent

06-30-2011
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.

Patricia B McKinney
Required Signature of Incorporator

06-30-2011
Date