

N14000010229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

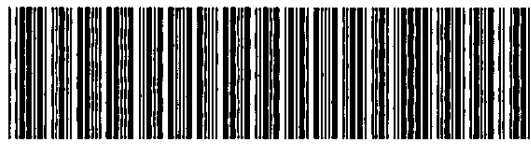
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

NOV 6 2014
S. GILBERT

COVER LETTER

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

SUBJECT: Ocala Cycling Club, 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: Michael J. Cooper
Name (Printed or typed)

321 NW 3rd Ave.
Address

Ocala, Fl. 34475
City, State & Zip

352-732-4500 ext 205
Daytime Telephone number

mcooper@michaeljcooper.com
E-mail address: (to be used for future annual report notification)

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

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

FILED

ARTICLE I NAME The name of the corporation shall be: Ocala Cycling Club, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
4505 SE 15th Street
Ocala, Fl. 34471

Mailing address, if different is: PO Box 2231
Silver Springs, Fl 34489

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote the use of bicycles;
to promote the use of bicycles in a safe manner;
to promote public awareness of bicyclists rights and responsibilities;
to protect and defend the rights of bicyclists;
to promote a statewide bicycle system;
to provide instruction as to the care and proper use of bicycles;
to provide a forum for those with an interest in bicycles to socialize

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The directors
will be appointed by the officers subject to modification to allow for a majority vote to elect them

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rusty Dosh, Dir.
Address: 4505 SE 15th Street
Ocala, Fl. 34471

Name and Title: Bob Higgins, Dir.
Address: 4817 SE 35th Avenue
Ocala, Fl. 34480

Name and Title: Nolan Galloway, Dir.
Address: 115 SE 34th Street
Ocala, Fl 34471

Name and Title: Mary Verrandeaux, Dir.
Address: 4817 SE 35th Avenue
Ocala, Fl. 34480

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

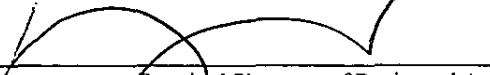
Name: Michael J. Cooper
Address: 321 NW 3rd Avenue
Ocala, Fl. 34475

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

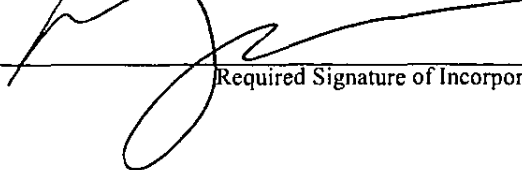
Name: Michael J. Cooper
Address: 321 NW 3rd Avenue
Ocala, Fl. 34475

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


Required Signature of Registered Agent

10-30-14
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.


Required Signature of Incorporator

10-30-14
Date