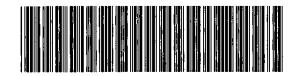
W15000011160

(Re	questor's Name)	
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PICK-UP		MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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ALLAHASSEE, FEORIBA

W.5.71053

T. Burch NOV 19.2015

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

FLORIDA O	OVERNMENT WATCH, INC			
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
Enclosed is an original a	and one (1) copy of the Arti	cles of Incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Mark Andrews		,	
i Rowi,	Name (Printed or typed)			
	3869 W Gulf Drive			
		Address	_	
	Sanibel, FL, 33957			

E-mail address: (to be used for future annual report notification)

239-395-0281

mark@mpandrews.us

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

City, State & Zip

Daytime Telephone number



October 28, 2015

MARK ANDREWS 3869 W GULF DRIVE SANIBEL, FL 33957

SUBJECT: FLORIDA GOVERNMENT WATCH, INC.

Ref. Number: W15000071350

We have received your document for FLORIDA GOVERNMENT WATCH, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 715A00022788

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

ARTICLE I The name of the	NAME e corporation shall be	FLORIDA GOVERI	NMENT WATCH	INC			
	PRINCIPAL OFFI						
3869	Principal <u>street</u> add W Gulf Drive	ress:	Mailing address, if different is:				
Sanib	el, FL 33957						
ARTICLE III The purpose fo policy making		n is organized is		ch and study of government ac	tívity so	as to ci	ncourage
					\$7 c.	<u></u>	est: A pire may ;
				11 11	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	8 I AON	271 375 CA
RTICLE IV	AS PROVIDE	D FOR IN	THE 139L	tors are elected and appointed:	71. 77 72. 75 72. 75 72. 75	EM 12: 19	
ARTICLE V Name and Title	Patricia Andrews F			Mark Andrews Treas			
Address 3869 W Gulf Drive		Address	3869 W Gulf Drive Sambel, FL 33957		_		
	Sanibel, FL 33957		_	Saltion, FL 33737		_	·
Name and Title			Name and Title				
Address	4203 NW Hwy 225A Ocala, FL 34482		_ Address.			-	
		***************************************	_	The second secon		_	
Name and Title			Name and Title			- -	
Address			_ Address.			-	
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Address		Address:		
				
Name and Title:		Name and Title:		
Address		Address:		
	REGISTERED AGENT orida street address (P.O. Box NOT accep Mark Andrews	ptable) of the registered agent is:	SE#.	UT
Address:	Sanibel, FL 33957		ATT SET OF THE SET OF	NOV 18 PH
	INCORPORATOR dress of the Incorporator is: Mark Andrews 3869 W Gulf Drive Sanibel, FL 33957		FIGHIDA	. ng
Effective date, if o	EFFECTIVE DATE: other than the date of filing: nte is listed, the date must be specific an	(OPTIONAL) ad cannot be more than five business days	s prior or 90 h	ousiness days
	inserted in this block does not meet the ap ive date on the Department of State's reco	pplicable statutory filing requirements, this dords.	late will not be	e listed as the
Having been nan certificate, I am fo	ned as registered agent to accept service amiliar with and accept the appointment and accept the accept service and accept service are accept to accept service and accept the appointment and accept the appointment and accept the appointment and accept the accept service and accept the appointment accept the appointment and accept the appointment accept the appointment accept the ac	of process for the above stated corporation is registered agent and agree to act in this co	n at the place apacity / 0 - / 7 Date	
	ment and affirm that the facts stated here t of State constitutes a third degree felony Required Signature of Incorp		mation submit	