

N16000004763

(Requestor's Name)

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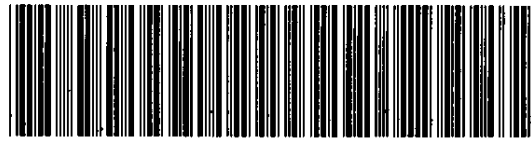
(Business Entity Name)

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CLERK

MAY 11 2016

S. GILBERT

**COVER LETTER**

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

SUBJECT: AMERICAN Legion Post 171 Robert L. COLMAN, 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: NATHANIEL JENKINS  
Name (Printed or typed)

6305 SPRING LAKE TERRACE  
Address

FORT PIERCE, FL. 34951  
City, State & Zip

772-595-6401  
Daytime Telephone number

BAJ Whiteside@hotmail.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)

**ARTICLE I NAME**

The name of the corporation shall be: AMERICAN LEGION Post 171, ROBERT L. COLEMAN, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1814 N. 21<sup>st</sup> STREET  
FORT PIERCE, FL. 34950

Mailing address, if different is:

\_\_\_\_\_  
\_\_\_\_\_

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FORT PIERCE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO provide support services for veterans, their wives, widows, children and orphans. To support non-profit organizations in the community that foster a spirit of Americanism and support the positive development of children; i.e. JROTC, POP WARNER ATHLETICS, BOYS STATE GIRLS STATE, Boy Scouts, Girl Scouts, ORATORICAL CONTESTS.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: By majority vote of members at the annual election.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Tommy E Fend - Commandeer  
Address: 4804 EVERGREEN AVE.  
FORT PIERCE, FL. 34947

Name and Title: NATHANIEL JENKINS - ADJUTANT  
Address: 6305 SPRING LAKE TER.  
FORT PIERCE, FL. 34951

Name and Title: Freddie BRITT - 1<sup>st</sup> Vice Commander  
Address: 437 N. 21<sup>st</sup> STREET  
FORT PIERCE, FL. 34950

Name and Title: ANTHONY PETERS - FINANCE OFFICER  
Address: 749 N.W. KINGSTON ST.  
PORT ST. LUCIE, FL. 34983

Name and Title: LEONARD KNOWLES - 2<sup>nd</sup> Vice Commander  
Address: 1105 KENTUCKY AVE.  
FORT PIERCE, FL.

Name and Title: BARBARA A. JENKINS - HISTORIAN  
Address: 6305 SPRING LAKE TER.  
FORT PIERCE, FL. 34951

Name and Title: ISAAC DUNBAR - SERVICE  
Address: OFFICER  
P.O. Box 402  
FORT PIERCE, FL. 34954

Name and Title: EDDIE DAVIS - SGT-AT-ARMS  
Address: 3503 AVENUE S  
FORT PIERCE, FL. 34950

Name and Title: HENRY CHAYTON - CHAPLAIN  
Address: 2702 Kingsley Drive  
FORT PIERCE, FL. 34950

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: NATHANIEL TENKINS  
Address: 630.5 SPRING LAKE TER.  
FORT PIERCE, FL. 34951

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: NATHANIEL TENKINS  
Address: 6305 SPRING LAKE TER.  
FORT PIERCE, FL. 34950

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Nathaniel Jenkins  
Required Signature of Registered Agent

4/29/2016  
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.*

Nathaniel Jenkins  
Required Signature of Incorporator

4/29/2016  
Date



(Step 3 of 3) Thank you for your payment.

Please print this receipt and keep it for your records.

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