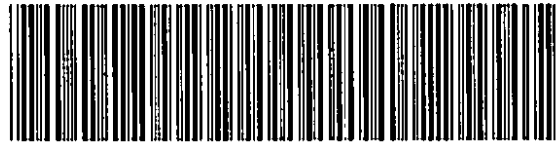


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(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Florida Master Naturalist - St. Lucie Chapter, 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: Susan Hamburger

Name (Printed or typed)

P.O. Box 13821

Address

Fort Pierce, FL 34979

City, State & Zip

772-353-8422

Daytime Telephone number

floridamasternaturaliststl@gmail.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: Florida Master Naturalist - St. Lucie Chapter, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
5000 W. Midway Road, Box 13821, Fort Pierce, FL 34981

Mailing address, if different is:
P.O. Box 13821, Fort Pierce, FL 34979

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The mission of the Florida Master Naturalist - St. Lucie Chapter, Inc. is to promote awareness, understanding, and respect of Florida's natural world among Florida's citizens and visitors through such activities as field trips, special topic guest speakers, and conservation service projects.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected annually

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan Hamburger, President
Address: P.O. Box 13821
Fort Pierce, FL 34979

Name and Title: Mary White, Vice President
Address: P.O. Box 13821
Fort Pierce, FL 34979

Name and Title: Bruce Olson, Treasurer
Address: P.O. Box 13821
Fort Pierce, FL 34979

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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TALLAHASSEE, FLORIDA

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: Susan Hamburger
 Address: 1504 Coronado Avenue
Fort Pierce, FL 34982

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 DEPARTMENT OF STATE
 PALM BEACH, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Susan Hamburger
 Address: P.O. Box 13821
Fort Pierce, FL 34979

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 days prior or 90 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

Susan Hamburger Required Signature of Registered Agent 3-28-18 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.

Susan Hamburger Required Signature of Incorporator 3-28-18 Date