

N 20 000 00 4 875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

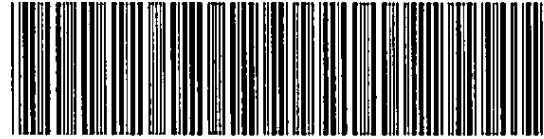
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600343411766

04/21/20--01017--005 **78.75

COVER LETTER

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

The 49ers Inc.

SUBJECT: _____
(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: Janet Stefano

Name (Printed or typed)
12169 94th Way

Address
Largo FL 33773

City, State & Zip
850-206-2173

Daytime Telephone number
janetstefano@live.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: The 49ers Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
<u>9739-9741 66th St N</u>	
<u>Pinellas Park FL US 33782</u>	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The 49ers Inc. is a fully independent affiliate of the international fellowship of Alcoholics Anonymous.

Membership is open to anyone who wants to do something about their drinking problem.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As provided for in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Mark Smith / C</u>	Name and Title: <u>Brian Kish / O</u>
Address: <u>9790 66th St N</u>	Address: <u>11850 MLK Jr St N</u>
<u>Pinellas Park FL 33782</u>	<u>Apt 20309</u>
	<u>St. Petersburg FL 33716</u>
Name and Title: <u>Doreen Gullede / AR</u>	Name and Title: _____
Address: <u>5404 Springwood Blvd N</u>	Address: _____
<u>Pinellas Park FL 33782</u>	_____
Name and Title: <u>Janet Stefano / S</u>	Name and Title: _____
Address: <u>12169 94th Way</u>	Address: _____
<u>Largo FL 33773</u>	_____

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: Robert Van Tassel

Address: 9805 36th Way N

Pinellas Park FL 33782

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Janet Stefano

Address: 12169 94th Way

Largo FL 33773

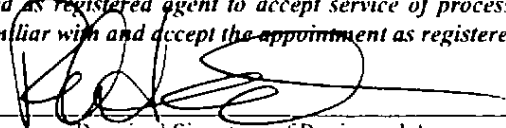
ARTICLE VIII EFFECTIVE DATE:

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.

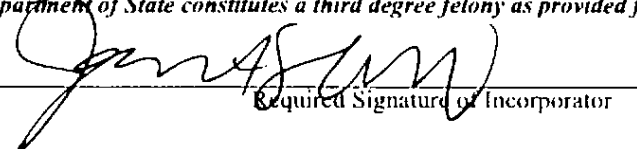
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

4/13/2020
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

4/13/20
Date