

14 210000007103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

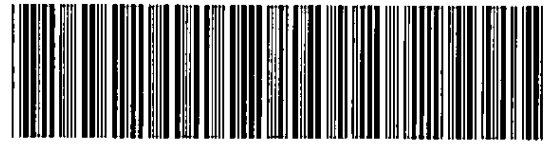
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
FALLAHASSAULT CENTER

21 MAY 28 AM 4:42

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COVER LETTER

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

SUBJECT: Providence Outfitters, 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: Candace Pollard

Name (Printed or typed)

1105 W Maple Ave

Address

Geneva, AL 36340

City, State & Zip

334-684-6398

Daytime Telephone number

candace.pollard@taxprollc.com

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

FILED
21 MAY 28 AM 4:43
SECRETARY OF THE STATE
TALLAHASSEE, FL 32311

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: Providence Outfitters, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

439 SE 39th Terr.

Okeechobee, FL 34974

Mailing address, if different is:

PO Box 2398

Okeechobee, FL 34973

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, _____

for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) _____

of the Internal Revenue Code, or corresponding section of any future federal tax code. _____

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: See Attachment

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Doug Nickalson- President

Address: PO Box 2398

Okeechobee, FL 34973

Name and Title: _____

Address: _____

Name and Title: Stephen Romig- Vice President

Address: PO Box 2398

Okeechobee, FL 34973

Name and Title: _____

Address: _____

Name and Title: Anthony Arnold- Secretary/Treasurer

Address: PO Box 2398

Okeechobee, FL 34973

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

21 MAY 29 AM 4:43

FILED

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: Stephen Romig
 Address: 439 SE 39th Terr.
Okeechobee, FL 34974

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Candace Pollard
 Address: 1105 W Maple Ave
Geneva, AL 36340

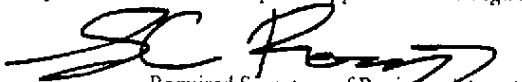
21 MAY 28 AM 4:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
FILED

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.)

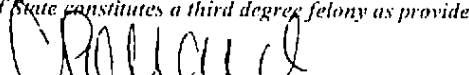
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/20/2021
 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

5/20/21
 Date

STATE OF FLORIDA

DOMESTIC NON-PROFIT CORPORATION

ATTACHMENT TO: ARTICLES OF INCORPORATION

Providence Outfitters, INC

ARTICLE IV MANNER OF ELECTION:

The Corporation shall have no voting members. The directors of the Corporation shall be elected in accordance with methods and qualifications specified in the bylaws of the Corporation. In no event, shall the number of directors be fewer than three. No Director shall have any right, title or interest in or to any property of the Corporation.

ARTICLE IX DISSOLUTION:

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

May 19, 2021

Candace Pollard

Print name of Incorporator

Prepared by:
Candace Pollard
1105 W Maple Ave
Geneva, Al. 36340



Signature of Incorporator

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

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Address: _____

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Okeechobee, FL 34973

Name and Title: _____

Address: _____

Name and Title: Anthony Arnold- Secretary/Treasurer

Address: PO Box 2398
Okeechobee, FL 34973

Name and Title: _____

Address: _____

SECRETARY OF STATE
FALLHARBURG, MISSISSIPPI

21 MAY 28 AM 4:13

FILED

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

 Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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Name: Stephen Romig
 Address: 439 SE 39th Terr.
 Okeechobee, FL 34974

21 MAY 28 AM 4:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Candace Pollard
 Address: 1105 W Maple Ave
 Geneva, AL 36340

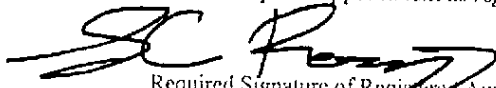
ARTICLE VIII EFFECTIVE DATE:

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.)

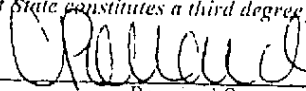
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5/20/2021
 Date

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 Required Signature of Incorporator

5/20/21
 Date

STATE OF FLORIDA
DOMESTIC NON-PROFIT CORPORATION
ATTACHMENT TO: ARTICLES OF INCORPORATION

Providence Outfitters, INC

FILED
21 MAY 28 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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May 19, 2021

Candace Pollard

Print name of Incorporator

Prepared by:
Candace Pollard
1105 W Maple Ave
Geneva, Al. 36340



Signature of Incorporator

Tax Professional Services, LLC

A Financial Services Corporation
1105 W Maple Ave
Geneva, AL 36340
334-684-6398
334-684-7193 -fax
www.taxprollc.com

Members: National Society of Accountants, National Association of Enrolled Agents, National Society of Tax Professionals, Alabama Association of Accountants, American Society of Problem Solvers

May 24, 2021

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

21 MAY 28 AM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

To whom it may concern,

Enclosed you will find: Articles of Incorporation, check for payment and a self-addressed envelope.

Please register the enclosed Articles of Incorporation Providence Outfitters, INC, and return to us in self-addressed & stamped envelope provided (Cert# 7019 2970 0001 0859 6499).

Thank you,



Candace Pollard
Tax Professional Services, LLC

Enc.

Cert# 7019 2970 0001 0859 6505