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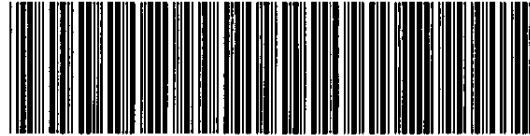
AUTHORIZATION BY PHONE TO

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COVER LETTER

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

SUBJECT: Maceo Elks Lodge #8 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: LARRY H. GWYN
Name (Printed or typed)

11663 Stonebridge Dr. N.
Address

JACKSONVILLE, FL. 32223
City, State & Zip

904-728-5811
Daytime Telephone number

LARRYGWYN@Comcast.NET
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:

Maceo Eiks Lodge #8 INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

712 WEST DUVAL ST
JACKSONVILLE, FLA 32202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct Business as a Corporation, providing business services
keeping within the guidelines of all the laws that apply. To transact
any and all business for which corporations may be incorporated under chapter 607
as now exists or may hereafter be amended

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Yearly Election by Lodge Members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GEORGE GREENHILL
Address: TREASURER
1134 ROMANE CIR W.
JACKSONVILLE, FLA 32225

Name and Title: ELVIN HOOPER
Address: TRUSTEE
910 S. 12TH ST
FERNANDINA BEACH, FLA 32084

Name and Title: ROBERT CUMMINGS
Address: ESTEEMED LEADING KNIGHT
5037 RIPPLE RUSH DR. N
JACKSONVILLE, FLA 32226

Name and Title: JAMES TERRY
Address: TRUSTEE
2651 ROSEWOOD CT
ORANGE PARK, FLA. 32065

Name and Title: AL MARSHALL
Address: ESTEEMED LOYAL KNIGHT
313 TWINLEAF CT
JACKSONVILLE, FLA 32206

Name and Title: _____
Address: _____
_____ Trustee

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LARRY H GWYN
Address: 11663 STONEBRIDGE DR N
JACKSONVILLE, FLA 32223

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LARRY H. GWYN
Address: 11663 STONEBRIDGE DR. N
JACKSONVILLE, FLA 32223

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

Larry H. Gwyn
LARRY H. GWYN

Required Signature of Registered Agent

8-1-12

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.

Larry H. Gwyn
LARRY H. GWYN

Required Signature of Incorporator

8-1-12

Date

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