

726980

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Ret. 03/08/24

FILED

2024 MAR -8 PM 3:03

SECRETARY OF STATE  
1000 PENNSYLVANIA AVENUE  
HARRISBURG, PA 17103

## COVER LETTER

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

SUBJECT: Captain Mardy D. Lewis VFW Post 706  
CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

☐ \$35.00      ☐ \$43.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$43.75      ☒ \$52.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Tommy W. Edington

Name (Printed or typed)

5000 Lillian Hwy

Address

Pensacola, FL 32506

City, State & Zip

850 455 0026

Daytime Telephone number

vfwpost706@gmail.com

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

**NOTE: Please provide the original and one copy of the document.**

# RESTATED ARTICLES OF INCORPORATION

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

ARTICLE I NAME Captain Mardy D. Lewis VFW Post 706, Veteran  
The name of the corporation is:

ARTICLE II RESTATED ARTICLES  
The text of the Restated Articles is as follows: N/A

FILED  
2024 MAR - 8 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE III OFFICERS AND/OR DIRECTORS (optional)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Quar</u>	<u>Cline, Michael D.</u>	<u>5000 Lillian Hwy</u> <u>Pensacola, FL 32506</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>2 year</u>	<u>Mothershed, Henry D.</u>	<u>5000 Lillian Hwy</u> <u>Pensacola, FL 35206</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Adjut</u>	<u>Carroll, Anthony J.</u>	<u>5000 Lillian Hwy</u> <u>Pensacola, FL 32506</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Surge</u>	<u>Grimm, Christoper T.</u>	<u>5000 Lillian Hwy</u> <u>Pensacola, FL 32506</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Judge</u>	<u>Prince, Howard</u>	<u>5000 Lillian Hwy</u> <u>Pensacola, FL 32506</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Judge Advocate</u>	<u>Sakalaris, Michael</u>	<u>5000 Lilloian Hwy</u> <u>Pensacola, FL 32506</u>

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

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**Example:**

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |  |                             |                             |  |
|--|-----------------------------|-----------------------------|--|
| 1) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>QUARTERMASTER</u>        | <u>MULLEN, Richard</u>      | <u>5000 Lillian Hwy</u><br><u>Pensacola, FL 32506</u>  |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>TRUSTEE</u>              | <u>ALFARO, JOSE</u>         | <u>5000 Lillian Hwy</u><br><u>Pensacola, FL 35206</u>  |
| 3) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>SURGEON</u>              | <u>SOLTERO, Pedro</u>       | <u>5000 Lillian Hwy</u><br><u>Pensacola, FL 32506</u>  |
| 4) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>ADJUTANT</u>             | <u>RIZZUTO, LEONARD</u>     | <u>5000 Lillian Hwy</u><br><u>Pensacola, FL 32506</u>  |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | <u>                    </u> | <u>                    </u> | <u>5000 Lillian Hwy</u><br><u>Pensacola, FL 32506</u>  |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | <u>                    </u> | <u>                    </u> | <u>5000 Lilloian Hwy</u><br><u>Pensacola, FL 32506</u> |

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

Name: Captain Mardy D. Lewis  
Address: 5000 Lillian Hwy  
Pensacola, FL 32506

*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/Registered Agent

\_\_\_\_\_  
Date

**ARTICLE VI ARTICLE CONSOLIDATION**

These adopted restated articles of incorporation supersede the original articles of incorporation and all amendments to them.

**ARTICLE VII REQUIRED ADOPTION INFORMATION**

**Adoption of Amendment(s) (CHECK ONE)**

☐ These restated articles of incorporation contain an amendment to the articles of incorporation which required member approval. The date of adoption of the amendments was \_\_\_\_\_, and the votes cast were sufficient for approval

☒ These restated articles of incorporation were adopted by the board of directors.

**ARTICLE VIII EFFECTIVE DATE:**

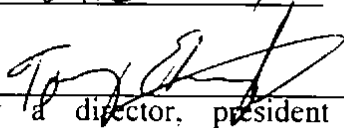
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than 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.

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

Dated: 8 JAN 2024

Signature: 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee or other court appointed fiduciary by that fiduciary)

Tommy W. Edington

(Typed or printed name of person signing)

Post Commander

(Title of person signing)