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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

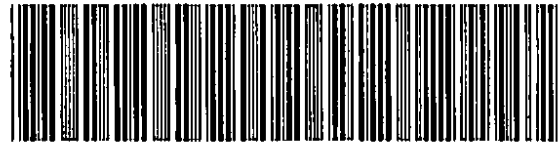
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 16 2018

CLERK OF COURT
TALLAHASSEE, FLORIDA

18 JAN 24 PM 2:49

FILED

JAN 25 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2018

STEVE SPENCELEY
9800 FOURT STREET N STE 300
ST PETERSBURG, FL 33702

SUBJECT: NORTH FLORIDA OPERATOR ASSOCIATION INC.
Ref. Number: W18000005249

We have received your document for NORTH FLORIDA OPERATOR ASSOCIATION INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a NON PROFIT CORP, but your entity is a PROFIT CORP. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 818A00001167

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Florida Operator Association, INC.
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Steve Spenceley

Name of Person

Concannon Miller & Co.

Firm/Company

9800 Fourth Street N., STE 300

Address

St. Petersburg FL 33702

City/State and Zip Code

sspenceleley@concannonmiller.com

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

For further information concerning this matter, please call:

Steve Spenceley

Name of Person

at (727)

Area Code

577-7620

Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. North Florida Operator Association, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name as present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 82-3416698
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9-28-2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. January 1, 2018
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1503, F.S., to determine penalty liability.)

7. 3133 W US Hwy 90, Lake City FL 32055
(Principal office address)

9800 Fourth Street NE, STE 300, St. Petersburg FL 33702
(Current mailing address, if different)

8. This corporation was organized to act as a conduit in handling the funds of its members to facilitate cooperative advertising. There is no intent to derive profit. All excess deposits are refunded to the members.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

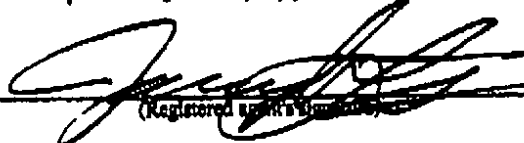
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Joe Cox

Office Address: 3133 W. US Hwy 90
Lake City, Florida 32055
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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18 JAN 25 2018
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TALLAHASSEE
FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Joe Cox

Address: 3133 W. US Hwy 90
Lake City FL 32055

Vice President: Juan Vazquez

Address: 3651 Hartsfield Avenue
Tallahassee FL 32303

Secretary: Jacques Guske

Address: 51 South 3rd Street, Jacksonville Beach FL 32250

Treasurer: Ken Kocian

Address: 5745 SW 75th Street #361, Gainesville FL 32608

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Joe Cox
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORTH FLORIDA OPERATOR ASSOCIATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTH FLORIDA OPERATOR ASSOCIATION" WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

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LED
DEPARTMENT OF STATE
DELAWARE



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SR# 20180171614

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 201949151

Date: 01-10-18