

TRANSMITTAL LETTER

N000000000 6227

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

FILED  
00 SEP 18 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: O'BRIEN VOLUNTEER FIRE DEPARTMENT, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400003396644--7  
-09/18/00--01109--013  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is an original and <sup>two (2) ies</sup> ~~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: GRANT W. MEADOWS, JR.  
Name (Printed or typed)

P.O. Box 224  
Address

O'BRIEN, FL 32071  
City, State & Zip

904-752-1822 x 1367  
Daytime Telephone number

NOTE: Please provide the original and <sup>two ies</sup> ~~one~~ copy of the articles.

ARTICLES OF INCORPORATION

**O'BRIEN VOLUNTEER FIRE  
DEPARTMENT, INC.**

**A FLORIDA NOT-FOR-PROFIT CORPORATION**

**ARTICLE I**

The name of the Corporation shall be:

The O'Brien Volunteer Fire Department, Inc.

**ARTICLE II**

The Principal Place of Business of the Corporation shall be:

10121 CR 349  
O'Brien, FL 32071

The Mailing Address of the Corporation shall be:

Post Office Box 113  
O'Brien, FL 32071

**ARTICLE III**

This Corporation is organized under Chapter 617 Florida Statutes as a Florida Not-For-Profit Corporation for the purposes as described in Sections 501(c)(3) and/or (4) of Title 26, United States Code. It is not organized for the private gain of any person or shareholder. The purposes of the Corporation shall be as follows:

1. To protect the lives and property of the residents of the O'Brien, Suwannee County, Florida, Fire District by providing fire protection and other emergency services consistent with the scope and limitations of personnel training and the personnel, apparatus and equipment available.
2. To assist other federal, state or county agencies and/or departments in providing fire protection and other emergency services, when and where requested.

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3. To provide aid and comfort as available to victims of fires, accidents, floods, tornados, hurricanes and other emergencies or natural disasters.
4. To recruit, train and equip volunteer fire fighters and support personnel.
5. To provide fire prevention/safety education to the residents of the O'Brien, Suwannee County, Florida Fire District.
6. To be a member of the Suwannee County, Florida, Fire Services Network and to exercise all powers and perform all duties thus required.
7. To acquire, regulate and maintain real and personal property as required to accomplish the purposes herein stated.
8. To solicit, collect, receive, hold, invest, distribute and disperse donations, gifts, and/or bequests, whether monetary, real, or personal property and to enter into contracts or other agreements necessary to accomplish the purposes herein stated.
9. To exercise all other other powers and to perform all other tasks, proper and necessary, not prohibited by law, to accomplish the purposes hereinabove.

## **ARTICLE IV**

The Board of Directors/Officers shall be elected by the members of the Corporation at such time and in such manner as is set forth in the Constitution and Bylaws. The number of Directors/Officers may be raised or lowered by amendment of the Constitution and Bylaws except that their number shall not be less than three (3).

## **ARTICLE V**

The initial Directors of the Corporation shall be:

<b><u>TITLE</u></b>	<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>
<b>Chief/Director</b>	<b>Grant W. Meadows, Jr</b>	<b>9192 226<sup>th</sup> Street O'Brien, FL 32071</b>
<b>Assistant Chief/Director</b>	<b>Robert Jones</b>	<b>22080 U.S. 129 O'Brien, FL 32071</b>
<b>Secretary/Director</b>	<b>Betysusan Currie</b>	<b>6 Blackberry Lane O'Brien, FL 32071</b>
<b>Treasurer/Director</b>	<b>Mary Wells Smith</b>	<b>P.O. Box O'Brien, FL 32071</b>

**ARTICLE VI**

The initial registered agent of the Corporation and street address of said agent shall be:

Grant W. Meadows, Jr.  
9192 226<sup>th</sup> Street  
O'Brien, FL 32071

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**ARTICLE VII**

The name and address of the Incorporator is:

Grant W. Meadows, Jr.  
9192 226<sup>th</sup> Street  
O'Brien, FL 32071

\*\*\*\*\*  
*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.*

*Grant W. Meadows, Jr.*  
Signature/Registered Agent

15 SEP 2000  
Date

*Grant W. Meadows, Jr.*  
Signature/Incorporator

15 SEP 2000  
Date