

No3000000173

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(City/State/Zip/Phone #)

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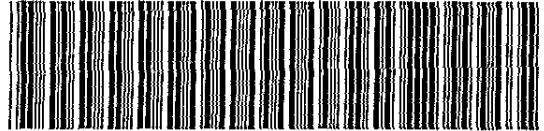
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Florida Four Wheel Drive Association, 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: Michael Kuffic
Name (Printed or typed)

669 S.W. Nichols Ter
Address

Port St. Lucie, FL 34953
City, State & Zip

772-878-9508
Daytime Telephone number

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:

Florida Four Wheel Drive Association, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5301 South US Highway 17-92
Casselberry, FL 32707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To promote the sport of Off-Highway Vehicle use through Education, Conservation
and Recreation

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors are elected by the body of the Association through a majority vote
annually

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

President

Carl Reiche

5301 S US Highway 17-92
Casselberry, FL 32707

Vice President

Rich Hardway

1941 Sheeler Oaks Dr.
Apopka, FL 32703

Treasurer

Michael Kufic

669 S.W. Nichols Terr.
Port St. Lucie, FL 34953

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Michael Kufic

669 S.W. Nichols Ter

Port St. Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Kufic

669 S.W. Nichols Ter

Port St. Lucie, FL 34953

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.

Michael J Kufic
Signature/Registered Agent

1-2-03
Date

Michael J Kufic
Signature/Incorporator

1-2-03
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA