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(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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06/05/03--01046-002 **78.75



TRANSMITTAL LETTER

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

South east lor pora SUBJECT: UDE SUFFIX)

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

□ \$70.00 Filing Fee Status

□\$78.75 Filing Fee & Certified Copy

State State

ADDITIONAL COPY REQUIRED

FROM: _____FROMK Margiotta_____ P.O. BOX 279 Address Fellsmere fl 32948 City, State & Zip <u>112 - 571 - D577</u> 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:	
Southeast Equity Corporation	k 5
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be: 10 N. UYPIESS Street	
Fellsmere, FL 32948	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
To finance projects for other not-for-profit entitles.	
To finance projects for other not-for-profit entities. To become an equity partner with other not-for-profit entit	ł
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed:	
Directors and officers shall be elected at the annual	
preciois una orficers shall be elected at the end	
meeting in July of each year.	
ARTICLE V INITIAL DIRECTORS/OFFICERS	
The name(s), address(es) and title(s);	
Frank Inalgiotta - Fies. / Dil F.U. Dox arr, retismore Fi. 32948	
Toda Jackson - Sec. / Dir 4.0. Box 214, Peusinere, FC 32948	
ARTICLE V INITIAL DIRECTORS/OFFICERS The name(s), address(es) and title(s); Frank Margiotta - Pres./Dir P.O. Box 279, Fellsmere, FL 32948 Todd Jackson - Sec./Dir P.O. Box 279, Fellsmere, FL 32948 Steve Ring - Treasurer/Dir P.O. Box 279, Fellsmere, FL 32948	
0	
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the registered agent is:	
Tom B. Adams	
10 N. Cypress Street, Fellsmere, FL 32948	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Frank Margiotta	
P.O. Box 279, Fellsmere, FL 32948	

Having been named as registered agent to accept service of process for the above stated corporation at the place designated In this pertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.	
/ Mar 18 Vare (0-2-03	_
Signature/Registered Agent Date	
1110 -2-03	
Signature/Incornorator Date	÷.
Signature/Incorporator Date	

Jet Mayor Ja Signature/Incorporator