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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

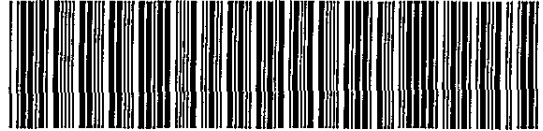
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## TRANSMITTAL LETTER

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

SUBJECT: Osteen Preservation Society, 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: Michele Moen  
Name (Printed or typed)

160 Ashby Cove Lane  
Address

New Smyrna Beach, FL 32168  
City, State & Zip

386 423 8427  
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:

Osteen Preservation Society, Inc

**ARTICLE II PRINCIPAL OFFICE**

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

P.O. Box 205  
Osteen FL 32764

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To preserve and protect The rural Village of Osteen,  
and the NATURAL Resource management Area of Volusia County

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Annual Meeting - By a Majority Vote of the  
Board of Directors

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

Denise McCabe  
President  
900 Catfish Road  
Osteen, FL 32764

Joy Ford  
362 Maytown RD  
Osteen FL 32764  
Vice President

Barbara McCaskill  
1189 MAYTOWN RD  
Osteen, FL 32764  
Treasurer

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Barbara McCaskill  
PO Box 145  
1189 Maytown RD  
Osteen, FL 32764

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Michele Moen  
160 Ashby Cove Lane, New Smyrna Beach FL 32161

\*\*\*\*\*

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.

Barbara McCaskill  
Signature/Registered Agent

4/14/04  
Date

Michele Moen  
Signature/Incorporator

4/14/04  
Date

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04 APR 16 PM 2:35  
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TALLAHASSEE, FL 32301