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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Capitol City Fire Fighters  
(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**

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Name (Printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
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:

Capital City Firefighters INC.

## ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 6753  
TALL. FL. 32310

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Not for profit Corporation.  
assisting Firefighters

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed

## ARTICLE V INITIAL DIRECTORS/OFFICERS

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

- 1) Bobby Snow P.O. Box 6981 Tall, FL. 32314 - (President)
- 2) Michael Randolph 2305 Alistair Ln. Tallahassee FL, 32312 (V.)
- 3) Leroy James P.O. Box 6434 Tall. FL. (Treasurer)
- 4) Annette Brown 2021 Kingsbridge Ct Tall, FL. 32311 (Secretary)

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michael Randolph  
2305 Alistair Ln.  
Tall. FL. 32312

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

P.O. Box 6753  
TALL. FL. 32310  
Bobby Snow

Effective Date 1-1-2005.

\*\*\*\*\*  
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 O Randolph

Signature/Registered Agent

12-16-04

Date

Michael O Randolph

Signature/Incorporator

12-16-04

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
1-1-05