

NA5000001920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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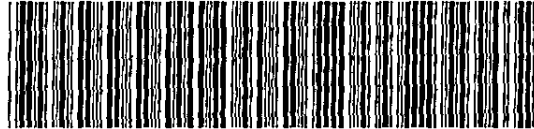
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*[Handwritten signature]*

## TRANSMITTAL LETTER

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

SUBJECT: Horton Area Civic Assoc., 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: STUART S. MIX, JR  
Name (Printed or typed)

2668 Flowing Well Rd.  
Address

DeLand, Fla 32720  
City, State & Zip

(386) 736-9793  
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:

*Horton Area Civic Assoc, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

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

*2668 Flowing Well Rd.  
DeLand, Fla. 32720*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Local Civic Assoc.*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*General Meeting*

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

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

*STUART S. MIX, JR. Director  
2668 Flowing Well Rd DeLand FL 32720*

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

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*STUART S. MIX, JR 2668 Flowing Well Rd.  
DeLand, FL 32720*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*STUART S. MIX, JR 2668 Flowing Well Rd.  
DeLand, FL 32720*

\*\*\*\*\*  
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.

*[Signature]*  
\_\_\_\_\_  
Signature/Registered Agent

*2/14/05*

\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*2/14/05*

\_\_\_\_\_  
Date

FILED  
05 FEB 16 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA