

N05000008512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000058633600

08/18/05--01010- -015 **78.75

FILED
05 AUG 18 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/19/05
BWK

TRANSMITTAL LETTER

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

SUBJECT: AMERICAN LEGION AUXILIARY BELLEVIEW UNIT 284 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: AMERICAN LEGION AUXILIARY BELLEVIEW UNIT 284
Name (Printed or typed)

PO BOX 1150
Address

BELLEVIEW FL 34421
City, State & Zip

352-861-3065
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:

AMERICAN LEGION AUXILIARY BELLEVIEW UNIT 284 INC

FILED

05 AUG 18 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

BUSINESS: 5513 SE 109TH ST, BELLEVIEW FL 34420

MAILING: PO BOX 1150 BELLEVIEW FL 34421

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE SUPPORT FOR AMERICAN LEGION MEMBERS, FAMILIES, VETERANS AND THE SURROUNDING

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

ALL OFFICER ARE TO BE NOMINATED AND ELECTED BY MEMBERSHIP

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

MARY MONTGOMERY, PRESIDENT, PO BOX 1150 BELLEVIEW FL 34421

RITA MCLAUGHLIN SECRETARY PO BOX 1150 BELLEVIEW FL 34421

CAROL AMERINE, TREASURER, PO BOX 1150 BELLEVIEW FL 34421

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARY MONTGOMERY 9196 SW 32ND CT OCALA FL 34476

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARY MONTGOMERY 9196 SW 32ND CT OCALA FL 34476

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.

Mary Montgomery
Signature/Registered Agent

8/14/05
Date

Mary Montgomery
Signature/Incorporator

8/14/05
Date