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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 54<sup>th</sup> Massachusetts Company "F" and Ladies Auxiliary INC  
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Clifford Pierce  
(Name of Person)

54<sup>th</sup> Massachusetts Company "F" and Ladies Auxiliary INC  
(Firm/Company)

6552 Selawdra Dr  
(Address)

Jacksonville, FL 32210  
(City/State and Zip Code)

For further information concerning this matter, please call:

Clifford Pierce at (904) 908-4116  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**ARTICLE I NAME**

The name of the corporation shall be: 54th Massachusetts Company "F" and Ladies Auxiliary Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: 6552 Solandra Dr. Jacksonville, Fl. 32210-7030

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The mission of the Organization shall be to: Provide authentic living history

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed: Directors are elected as according to the by-laws.

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

List name(s), address(es) and specific title(s): (1) President: Ezell Givens P.O. Box 115 Fernandina Beach, Fl. 32034 (2) Vice President: Clifford Pierce 6552 Solandra Dr. Jacksonville, Fl. 32210 (3) Finance Secretary: Dorothy Patterson P.O. Box 816 Kingsland, Ga. 31548 (4) Secretary Sharon Givens P.O. Box 115 Fernandina Beach, Fl. 32034

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

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 6552 Solandra Dr Jacksonville, Fl. 32210 Clifford O. Pierce

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Clifford O. Pierce  
6552 Solandra Dr  
Jacksonville Fl. 32210

\*\*\*\*\*  
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.

Clifford O. Pierce  
Signature/Registered Agent

3-22-06  
Date

Clifford O. Pierce  
Signature/Incorporator

3-22-06  
Date

06 MAR 27 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA