(Requestor's Name) (Address) (Address)	700078209167
(City/State/Zip/Phone #)	08/02/0601006010 **87.5
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COVER LETTER

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

SUBJECT: First Coast Lightning Owners Club Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

STO.00 Filing Fee

Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy

Siling Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Mark S. Kadlub

Name (Printed or typed)

1745 Tiffany Pines Cir E Address

Jacksonville, FL 32225

City, State & Zip

904-563-0225

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:

First Coast Lightning Owners Club Inc.

ARTICLE II PRINCIPAL OFFICE

FILED

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SECRETARY OF STATE

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

1745 Tiffany Pines Cir E Jacksonville, FL 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For the purpose of fellowship and recreation for owners and enthusiasts of Ford SVT F150 Lightning Trucks.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Manner of election was by a general/open vote of attending members and prospective members.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

President: Mark S. Kadlub, 1745 Tiffany Pines Circle E Jacksonville, FL 32225 Vice-President: Jason Newman, 963 Sandstone DR Orange Park, FL 32065 Treasurer: Daniel Morgan JR, 1601 Nectarine ST Fernandina Beach, FL 32034 Secretary: Lori Franco, 4086 Pebblebrooke CT Orange Park, FL 32065 Events Coordinator: Art Franco, 4086 Pebblebrooke CT Orange Park, FL 32065 ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARK S. KADLUB

Mark S. Kadlub 1745 Tiffany Pines Circle E Jacksonville, FL 32225

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Mark S. Kadlub 1745 Tiffany Pines Circle E Jacksonville, FL 32225

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 addept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent KADLUR

Date

Signature/Incorporator