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(Requestor's Name) (Address)	600078565806
(Address) (City/State/Zip/Phone #)	
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(Business Entity Name) (Document Number)	08/14/0601026009 **87.50
Certified Copies Certificates of Status Special Instructions to Filing Officer:	
HULLE-35799	<b>FILED</b> 06 AUG 23 AH II: 47 SECRETARY OF STATE TALLAHASSEE. FLORIDA
Office Use Only	23

## **COVER LETTER**

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

Our Waters **SUBJECT:** FAU

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

\$87.50
Filing Fee
Certified (
& Certific

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ADDITIONAL COPY REQUIRED

EONA C. FIELC Name (Printed or typed) FROM: \_\_\_\_ 6439 W. RIVERDENd Road DUNNELLON, FLORIDA 34433 City, State & Zip <u>352-2</u>28-2223 Cell 352-564-8656 Home Daytime Telephone number

### NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 14, 2006

LEONA C. FIELD 6439 W. RIVERBEND ROAD DUNNELLON, FL 34433

SUBJECT: PROTECT OUR WATERS AT ROUSSEAU Ref. Number: W06000035799

We have received your document for PROTECT OUR WATERS AT ROUSSEAU. However, the document has not been filed and is being returned for the following:

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Document Specialist New Filing Section

Letter Number: 806A00050210

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLE I NAME The name of the corporation shall be: Protect Our WATERS AT ROUSSEAU INCL 2 PROTECT OUR	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	
6439 W. Riverbend Road	
ARTICLE III PURPOSE	Roussand,
The purpose for which the corporation is organized is: 1. This Organization has been formed to preserve the fishery, wildlife and Navigability of Lak 2. This Organizations primary Forces shall be the health of the fishery at Rousseau 3. This Organization Shall also concern itself with the Health of wildtife at Rousseau especia 3. This organization Shall also concern itself with the Health of wildtife at Rousseau especia 3. This organization Shall also concern itself with Rousseau's Navigability. Special consideration 4. This organization Shall also concern itself with Rousseau's Navigability. Special consideration ARTICLE IV MANNER OF ELECTION The moments in which the dianteer or placed and access to ramps and cocks The moments in which the dianteer or placed and access to ramps and cocks	ly as i shall
The manner in which the directors are elected or appointed: The Directors shall be Elected by The membership of The Organization According to the By LALOS (Regulated by the By Laws)	I

#### ARTICLE V . INITIAL DIRECTORS AND/OR OFFICERS

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

President - Leona (). Field - 6439 W. Riven bend Rd. / DUNNellon, Florida 34433 Vice President - Sandra Clodwiek - 12915 N. Edgewater Drive - DUNNellon, Florida 34433 Secretary - Bob Baker - 12805 N. River Gardon Drive - DUNNellon, Florida 34433 Treasurer - Sandra Seeders - 6965 W. Riverbend Rd. / DUNNellon, Florida 34433

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

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

LEONA C. FIEld 6439 W. Riverbond Road

DUNNEllon, Florida 34433

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leonia O. Field 6439 W. Riverbend Road Dunnellon, Florida 34433

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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/Registered Agent

SignatureAnconporator

COUNTY OF MARION The foregoing instrument was acknowledged before me this field I day of Hugest 20 de by personally from -

who is personally known to me or has produced personally as identification and who did (did not

Known take an oath.

Date PAM HENDRIX-FRENCH Notary Public, State of Florida My comm. expires Oct. 13, 2009 No. DD 481567

Date

<u>8/11/06</u> 8/11/06