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(City/State/Zip/Phone #)
PICK-UP WAIT . MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. Burch MAR

7 2008

COVER LETTER

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

SUBJECT:	HAWKINS	& KiRK GORDON	VFW POST 4185				
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)							

Enclosed is an original a	and one(1) copy of the Art	icles of Incorporation and	a check for:
S70.00 Filing Fee	☒ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL COPY REQUIRED	

FROM: HAWKINS KIEK CORDON VEW POST 4185

Name (Printed or typed)

501 S FRANCISCO AVE

Address

Clewis Ton Fl 33440

City, State & Zip

(863) 983-9148

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2008

HAWKINS KIRK GORDON VFE POST 4185 501 S FRANCISCO AVE CCLEWISTON, FL 33440

SUBJECT: HAWKINS KIRK CORDON POST 4185 VETERANS OF FOREIGN

WARS OF UNITED STATES Ref. Number: W08000010082

We have received your document for HAWKINS KIRK CORDON POST 4185 VETERANS OF FOREIGN WARS OF UNITED STATES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

You must list at least one incorporator with a complete business street address.

Please return the corrected 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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 308A00011938

08 MAR -6 AM 8: 00

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

, ARTICLE I 'NAME		
The name of the corporation shall be: HAWKINS KIRK BORDON POST 4	4185	
HAWKINS KIRE GOLDON 1031 4	VELERANS OF	FORE ICH WALLS
ARTICLE II PRINCIPAL OFFICE	OFUNITED S	
The principal place of business and mailing address of this corpora	ation-shall be:	TATES. INC
The principal place of business and mailing address of this corpora HRWKINS KIRK COLDON POST 4185	y FW of armos	,,,,,
501 S FRCISCO AVE CLEWISTON F1 33	440	•
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		7 S S
Fl. NON PROFIT CORP	BESON	Ž ori i Secri
TO PROTECT POST OFFICER FOR	, prog a comme	MAR -
ARTICLE IV MANNER OF ELECTION		% 6 m
The manner in which the directors are elected or appointed:	_	F. P. D
VOIE ON BY MENBER OF POST		
		RATE 2
		e o
ARTICLE V INITIAL DIRECTORS AND/OR OFFICER		
List name(s), address(es) and specific title(s):	Unoles PEDREN	
DONALD R MCCRAINE CI	I'm I MEN PD	
1827 Justua BIVA	1634 ARCH (5) 33	1440
C15W16TON F1 33440	HARLES PEARCY 1634 AllEN RD CLEWISTON F) 33	
(COMMANDER)	5. V.CE COMMANDER,	<i>)</i> .
ARTICLE VI INITIAL REGISTERED AGENT AND ST		
The name and Florida street address (P.O. Box NOT acceptable)	le) of the registered agent is:	
William R attimson	\	
940 SHANE KB (A. MASIE	R).	
940 SHANE RA CIEWISTON FI 33440 (A. MASTER ARTICLE VII INCORPORATOR		
12111Cab 12 21Cold Old 1 Ol		
The <u>name and address</u> of the Incorporator is:		
Donald R. Wh. BAINE Kould Mil	-	
1627 Justua BIOD	,	
CIEWISTON FI 33440	*********	*****
Having been named as registered agent to accept service of process for the	e above stated corporation at the p	place designated
in this certificate, I am familiar with and accept the appointment as registe	ered agent and agree to act in this	capacity.
William R. atkinson	2-20-6	DF
Signature/Registered Agent	Date	
MADA		
Ward IKIVU (E.)	2-20-0 Date 2-20-02	3
Signature/Incorporator	Date	