

**N08000006850**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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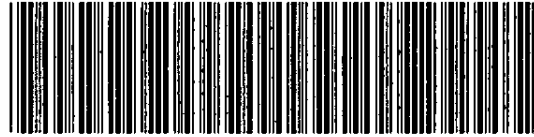
(Business Entity Name)

(Document Number)

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2008 JUL 18 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08.7-21

## COVER LETTER

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

SUBJECT: West Florida Shrine Club II 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: West Florida Shrine Club II Inc  
Name (Printed or typed)

4936 Woodman Drive  
Address

Marianna FL 32448  
City, State & Zip

850-526-2322  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 8, 2008

WEST FLORIDA SHRINE CLUB II INC. 2ND MAILING  
P.O. BOX 785  
MARIANNA, FL 32447

SUBJECT: WEST FLORIDA SHRINE CLUB II INC.  
Ref. Number: W08000031502

We have received your document for WEST FLORIDA SHRINE CLUB II INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
New Filing Section

Letter Number: 008A00039270

DIVISION OF CORPORATIONS

08 JUL 21 AM 8:00

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# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be: West Florida Shrine Club II INC.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4936 Woodman Drive  
Marianna, FL 32448

P.O. Box 25  
Marianna, FL 32447

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Non-profit charitable organization to  
help fund Shriners Hospital

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: Elected.

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Ken Cain, President Rusty Lawrence, Vice Pres. Tony Mayo, Tr.  
4121 Howard Cir. 2806 Lawrenceville Rd. 2789 Green St.  
Marianna, FL 32446 Cottondale, FL 32431 Marianna, FL  
32446

Keith Bowen, Sec.  
P.O. Box 222  
Malone, FL  
32445

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ken Cain  
4121 Howard Cir.  
Marianna, FL 32446

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ken Cain  
4121 Howard Circle  
Marianna, FL 32446

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.

Ken Cain  
Signature/Incorporator / Registered Agent

6-20-08  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JUL 18 PM 3:30

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