

N080000009209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

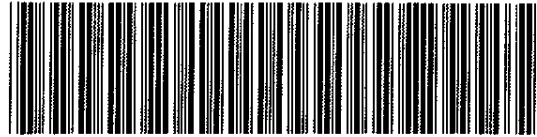
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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10/02/08--01039--009 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 OCT -2 PM 12:51

APPROVED  
AND  
FILED

B. McKnight OCT 03 2008

September 29, 2008

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

RE: Lake County F.O.E. #4273 Ladies Auxiliary

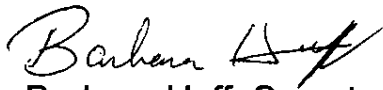
Dear Sir:

Enclosed please find the necessary forms for incorporation of the above mentioned organization.

Also, enclosed is our check #1742 in the amount of \$87.50 for the filing fee, certified copy and certificate.

By this letter, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Sincerely,

  
Barbara Huff, Secretary  
Ladies Auxiliary #4273

COPY

**COVER LETTER**

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

**SUBJECT:** LAKE COUNTY F. O. E. #4273 LADIES AUXILIARY, 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:** BARBARA HUFF  
Name (Printed or typed)

27150 HAYWOOD FARM ROAD  
Address

OKAHUMPKA FL 34762  
City, State & Zip

352-787-7937  
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:

LAKE COUNTY F. O. E. #4273 LADIES AUXILIARY, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

27150 HAYWOOD WORM FARM ROAD  
P O BOX 210  
OKAHUMPKA FL 34762

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

AIDING THE FRATERNAL ORDER OF EAGLES IN CARRYING OUT ITS CHARITABLE, HUMANITARIAN,  
PATRIOTIC AND OTHER PURPOSES TO WHICH THE FRATERNAL ORDER OF EAGLES IS DEDICATED.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

WRITTEN BALLOT

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

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

JOYCE SARGENT, PRESIDENT  
2317 BUTLER ST.  
LEESBURG, FL 34748

MARYLU STEWART, VICE PRESIDENT  
6609 NAVAHO ST.  
LEESBURG, FL 34748

BARBARA HUFF, SECRETARY  
136 S. COMMERCIAL ST.  
P O BOX 734  
COLEMAN FL 33521

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

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

BARBARA HUFF  
27150 HAYWOOD WORM FARM ROAD  
OKAHUMPKA FL 34762

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

BARBARA HUFF  
27150 HAYWOOD WORM FARM ROAD  
OKAHUMPKA FL 34762

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

\*\*\*\*\*

*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.*

Barbara Huff  
Signature/Registered Agent

Sept. 29, 2008  
Date

Barbara Huff  
Signature/Incorporator

Sept. 29, 2008  
Date