

NO90000000199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

*Andrew Nettles* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *Corporation name*  
DATE *1/9/09*  
DOC. EXAM *MRS*

Office Use Only



100139456791

01/07/09--01008--005 \*\*87.50

FILED  
09 JAN - 7 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*MRS 1/9/09*

## COVER LETTER

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

SUBJECT: Pensacola Vikings Motorcycle 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 :

☐ \$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: Andrew Nettles  
Name (Printed or typed)

3017 Dr. Martin Luther King Dr.  
Address

Pensacola, FL 32503  
City, State & Zip

(850) 525-9497  
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: *Pensacola Vikings Motorcycle Club, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is: *3017 Dr. Martin Luther King Dr.  
Pensacola, FL 32503*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *To act as a community outreach organization, and put on charity events to benefit health awareness, community sports and local school support*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed: *yearly, by process of voting.*  
*Officers are elected*

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

List name(s), address(es) and specific title(s):  
*Director (Treasurer) Andrew Nettles 2345 Truman Ave Pensacola, FL 32505*  
*Director (Road Capt) James Deloach 905 Enrystal Springs Ave Pensacola, FL 32505*  
*Director (Asst Treasurer) James N. White 1409 W. Jackson Street Pensacola, FL 32501*  
*(Sec) Damon Gregory 4153 Willis Way Milton, FL 32583*

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

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

*Andrew Nettles 2345 Truman Ave  
Pensacola, FL 32505*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*James N. White  
1409 W. Jackson Street. Pensacola, FL. 32501*

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SECRETARY OF STATE  
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\*\*\*\*\*  
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.

*Andrew Nettles*  
\_\_\_\_\_  
Signature/Registered Agent

*1/3/09*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*01-03-09*  
\_\_\_\_\_  
Date