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(Address)

(Address)

(City/State/Zip/Phone #)

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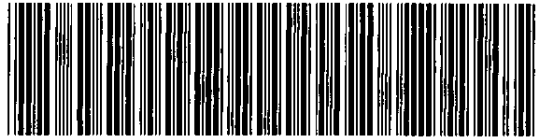
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/23/09--01028--005 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAR 24 A 9:40

FILED

Handwritten notes and signatures, including "3-26-09" and "UC".

COVER LETTER

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

SUBJECT: CROSS Bayou American Legion Auxiliary #252 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: PATRICIA FORSELL
Name (Printed or typed)

5620 17th AVE N
Address

ST. PETERSBURG FLA. 33710
City, State & Zip

687-7183
Daytime Telephone number

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



RECEIVED
DEPARTMENT OF STATE

09 MAR 24 AM 11:46

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2009

PATRICIA FORSELL
5620 17TH AVE. N.
ST. PETERSBURG, FL 33710

SUBJECT: CROSS BAYOU AMERICAN LEGION AUXILIARY UNIT #252 INC
Ref. Number: W09000011593

We have received your document for CROSS BAYOU AMERICAN LEGION AUXILIARY UNIT #252 INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

If you have any further questions concerning your document, please call (850) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 109A00008407

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

ARTICLE I NAME

The name of the corporation shall be:

CROSS BAYOU AMERICAN Legion Auxiliary Unit #252 INC

ARTICLE II PRINCIPAL OFFICE

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

11433 PARK BOULEVARD NORTH
SEMINOLE FLORIDA 33772

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DEPT OF FLORIDA DEMANDS TO BE LEGAL
SERVICES TO VETERANS
PROTECTION OF MEMBERS

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

ANNUAL GENERAL ELECTION

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

PATRICIA FORSELL 5620 17th AVE ST PETERSBURG FLA 33710 President
ARLENE MILLS 8972 13th ST SEMINOLE 33776-2417 1st Vice President
TREASURER NANCY REDMOND 8210 91ST SEMINOLE 33777 Treasurer
GAIL JACKSON 11268 59th AVE SEMINOLE 33772-7205

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PATRICIA FORSELL 5620 17th AVE N.
ST PETERSBURG FLA 33710

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PATRICIA FORSELL President
5620 17th AVE N.
ST PETERSBURG FLA 33710

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.

Patricia Forsell
Signature/Registered Agent

2/19/2009
Date

Patricia Forsell
Signature/Incorporator

2/14/2009
Date

FILED
2009 MAR 24 A 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA