

N09000003968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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09 APR 22 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers APR 22 2009

## COVER LETTER

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

SUBJECT: St Marks Stone Crab Festival, 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: Mike McNamara  
Name (Printed or typed)

PO Box 94  
Address

St Marks, FL 32355  
City, State & Zip

850 510 7919  
Daytime Telephone number

FILED  
09 APR 22 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

St Marks Stone Crab Festival, Inc

**ARTICLE II PRINCIPAL OFFICE**

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

788 Port Leon Dr  
St Marks, FL 32355  
PO Box 296

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To promote tourism within the City of St Marks

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

by majority vote by members  
of the festival committee

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

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

Mike Pruitt - Chairman - PO Box 168, St Marks, FL 32355  
Rod Strickland - Co-chair - PO Box 13, St Marks, FL 32355  
Pamela G. Shields - Treasurer, PO Box 218, St Marks, FL 32355

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

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

Mike McNamara  
6382 Fitz lane  
Tallahassee, FL 32311

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Mike McNamara  
6382 Fitz Lane  
Tallahassee, FL 32355

\*\*\*\*\*

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.

\_\_\_\_\_  
Signature/Registered Agent

4-22-09  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

4-22-09  
\_\_\_\_\_  
Date

FILED  
APR 22 PM 2:45  
CLERK OF STATE  
TALLAHASSEE, FLORIDA