

N0900000458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

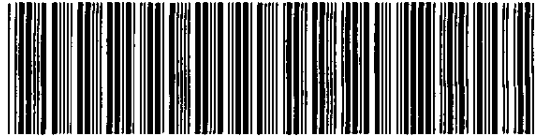
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~11209-18434~~

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[Handwritten signature]
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APPROVED
AND
FILED

09 APR 27 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

09 APR 27 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SARASOTA AMVETS POST 1019 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: MICHAEL CALOMERIS
Name (Printed or typed)

501 N.BENEVA RD STE 240
Address

SARASOTA FLORIDA 34232
City, State & Zip

~~941-338-0006~~ 941-365-9996
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2009

MICHAEL CALOMERIS
501 N. BENEVA RD.
STE 240
SARASOTA, FL 34232

SUBJECT: SARASOTA AMVETS POST 1019 INC
Ref. Number: W09000018434

We have received your document for SARASOTA AMVETS POST 1019 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return 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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 409A00013195

RECEIVED
DEPARTMENT OF STATE
09 APR 27 AM 11:16

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

SARASOTA AMVETS POST 1019 INC

ARTICLE II PRINCIPAL OFFICE

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

501 N. BENEVA RD. STE. 240
SARASOTA FL. 34232
SARASOTA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PRIVATE CLUB

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

APPOINTED

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

COMMANDER	ADJUNCT	1st VISE
WILLIAM R. GIBSON	RONALD WAGONER	TODD WISE

ALL ADDRESSES SAME AS PRINCIPAL OFFICE

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MICHAEL CALOMERIS
2463 ARBORFIELD SQ.
SARASOTA FL
34235

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL CALOMERIS 2463 ARBORFIELD SQ. SARASOTA FL 34235

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.

Michael Calomeris

Signature/Registered Agent

4-24-09

Date

Michael Calomeris

Signature/Incorporator

4-24-09

Date

09 APR 27 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED