

ND9000005821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

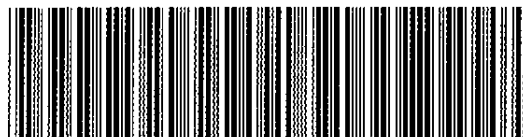
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
6/15

COVER LETTER

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

SUBJECT: American Legion Auxiliary Placid Unit 25, 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: American Legion Auxiliary Placid Unit 25, Inc.
Name (Printed or typed)

1490 U.S. 27 North

Address

Lake Placid, Florida 33852

City, State & Zip

863-465-0975

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:

American Legion Auxiliary Placid Unit 25, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1490 U.S. 27 North
Lake Placid, Florida 33852

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Serving Veterans

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Yearly Election

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Elaine Plunkett 141 Lime Rd. N.E. Lake Placid, Fla. 33852
Billie Glenn 6 Lake Henry Drive, Lake Placid, Fla. 33852
Barry Schaffer 112 Edgewater Drive South, Lake Placid, Fla. 33852

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Doris Rash
122 Fairway Ct.
Lake Placid, Florida 33852

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barry Schaffer
112 Edgewater Drive South
Lake Placid, Florida 33852

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TALLAHASSEE FLORIDA

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.

Doris Rash
Signature/Registered Agent

6-9-09
Date

Barry Schaffer
Signature/Incorporator

6-9-09
Date