

N09000010356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

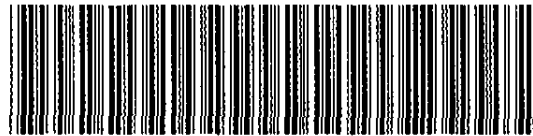
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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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09 OCT 23 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10-23-09  
5

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

SUBJECT: MADISON COUNTY CHAMBER OF COMMERCE, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

☐ \$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: JUNE B.A. SPEAR  
Name (Printed or typed)

197 S.W. RANGE AVE  
Address

MADISON FL. 32340  
City, State & Zip

Daytime Telephone number

June King 1940 @ share.net.net  
E-mail address: (to be used for future annual report notification)

**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:

MADISON COUNTY CHAMBER OF COMMERCE, INC

**ARTICLE II PRINCIPAL OFFICE**

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

197 S.W. RANGE AVE, MADISON, FL. 32340

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO SERVE MADISON COUNTY MERCHANTS AND BUSINESSES

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

ELECTED BY MEMBERS

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

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

AMIR S. MESRY, PRESIDENT 197 SW RANGE AVE, MADISON, FL. 32340

CINDY POIRE, VICE "

✓ TREASURER, JUNE SPEAR "

KAREN FRANKLIN, SECRETARY "

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

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

~~AMIR S. MESRY~~ 197 SW RANGE AVE, MADISON, FL. 32340  
JUNE SPEAR

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JUNE B.A. SPEAR

197 SW RANGE AVE MADISON FL 32340

\*\*\*\*\*

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.

June B.A. Spear

Signature/Registered Agent

10-23-2009

Date

June B.A. Spear

Signature/Incorporator

10-23-2009

Date

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OCT 23 PM 12:26  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE