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2009

COVER LETTER

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

SUBJECT: Madison County Florida Chamber of Commerce & Tourism
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Inc.

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:

Cindy Poire
Name (Printed or typed)

249 SW Range Ave Ste B
Address

Madison, Fl. 32340
City, State & Zip

850-253-0261
Daytime Telephone number

Chamber @ madison-fl.com
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)

NAME
The Corporation shall be:

Madison County Florida Chamber of Commerce & Tourism Inc

ARTICLE II PRINCIPAL OFFICE

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

249 SW Range Ave., Ste B, Madison, FL 32340

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To serve the Madison County Businesses & Merchants

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Election by members

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Cindy Poire President 249 SW Range Ave Ste B, Madison FL 32340

June Spear Secretary 249 SW Range Ave Ste B, Madison, FL 32340

Rutheiken Caldwell Treasurer 249 SW Range Ave Ste B, Madison FL 32340

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Cindy Poire

197 SW Range Ave, Madison, FL 32340

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cindy Poire

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.

Cindy Poire

Signature/Registered Agent

12-3-09

Date

Cindy Poire

Signature/Incorporator

12-3-09

Date

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA