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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

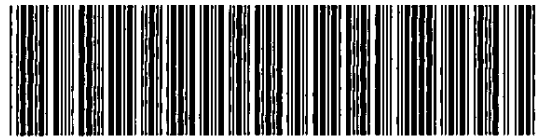
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2010 MAY -4 P 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5-4-10  
2010

## COVER LETTER

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

**SUBJECT:** Polk County Blind Veterans, 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:** Bob Fick, President  
Name (Printed or typed)

9834 Moorhen Drive  
Address

Lakeland, FL 33810  
City, State & Zip

866-853-1139  
Daytime Telephone number

bobfick4@verizon.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:

Polk County Blind Veterans, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

9834 Moorhen Drive, Lakeland, FL 33810

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Blind Veterans helping blind veterans

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

A majority of all voting members present at the general meeting held each January shall determine by written ballot the election of officers.

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

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

Bob Fick, 9834 Moorhen Drive, Lakeland, FL 33810 - President  
Ron Welch, 10030 Rockridge Rd., Lakeland, FL 33810 Vice President  
Gigi Mathis, 2852 Chatsworth Lane, Lakeland, FL 33813-Secretary  
Mary Ann Lee, 2025 Sylvester Rd., Q-1, Lakeland, FL 33803 Treasurer

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

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

Bob Fick, 9834 Moorhen Dr., Lakeland, FL 33810  
Moorhen Dr.

**ARTICLE VII INCORPORATOR**

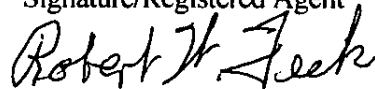
The name and address of the Incorporator is:

Bob Fick, 9834 Moorhen Dr., Lakeland, FL 33810

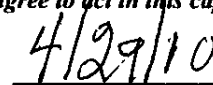
\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



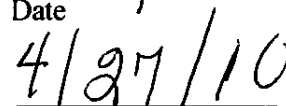
Signature/Registered Agent



Signature/Incorporator



Date



Date

RECEIVED AT 33810-3380  
9834 MOORHEN DR.  
BOB AND GIGI FICK

FILED  
2010 MAY -4 P 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA