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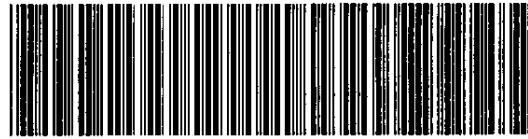
(Business Entity Name)

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TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: AMLCRESTHAVEN UNIT #339 INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: BARBARA K. HAY
Name (Printed or typed)

5101 NALCREST ROAD
Address

NALCREST, FL 33856-6427
City, State & Zip

863-696-1471
Daytime Telephone number

ALA339FL@go1.com
E-mail address: (to be used for future annual report notification)

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



RECEIVED

10 SEP 13 PM 4:35

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 2, 2010

BARBARA K, HAY
5101 NALCREST ROAD
NALCREST, FL 33856-6427

SUBJECT: AMLCRESTHAVEN UNIT #339 INC.
Ref. Number: W10000041559

We have received your document for AMLCRESTHAVEN UNIT #339 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):

We are enclosing the proper form(s) with instructions for your convenience.

You completed the form for a profit corporation instead of a non profit. Complete the correct form enclosed and return with reject letter for filing.

Please return the corrected original and one copy of 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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 410A00021070

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

FILED
10 SEP 13 PM 4:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

AMLCRESTHAVEN UNIT #339 INC.

ARTICLE II PRINCIPAL OFFICE

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

**STREET: 70103 NALCREST ROAD MAILING: P.O. BOX 6306
NALCREST, FL 33856-6306 NALCREST, FL
33856-6306**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**MANDATED by the NATIONAL and STATE OF FLORIDA OFFICES
of the AMERICAN LEGION, AUXILIARY
We are a fraternal organization.**

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

**ALL OFFICERS/DIRECTORS
DUTIES UPON BEING ELECTED by the UNIT MEMBERSHIP
AT THE REGULAR MEETING HELD IN MARCH OF EACH
YEAR, PER OUR CONSTITUTION & BYLAWS.**

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

**PRES: PHYLLIS SCHWARTING, P.O. BOX 6734, 5104 NALCREST RD., NALCREST, FL 33856-6734
VP: PATRICIA FIDDEGAN, P.O. BOX 6097, 51109 NALCREST RD., NALCREST, FL 33856-6097
SEC: LINDA DAVIDSON, P.O. BOX 6846, 56101 NALCREST RD., NALCREST, FL 33856-6846
TREAS: BARBARA HAY, P.O. BOX 6427, 5101 NALCREST RD., NALCREST, FL 33856-6427**

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**BARBARA K. HAY
5101 NALCREST ROAD
NALCREST, FL 33856-6427**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**PHYLLIS L. SCHWARTING
5104 NALCREST ROAD
NALCREST, FL 33856-6734**

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.

Barbara K. Hay
Signature/Registered Agent **BARBARA K. HAY**

9/8/10
Date

Phyllis L. Schwarting
Signature/Incorporator **PHYLLIS L. SCHWARTING**

9/8/10
Date