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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: Sopchoppy Volunteer Fire Department, 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: Daniel H. Cox, P.A.

Name (Printed or typed)

P.O. Drawer CC

Address

Carrabelle, FL 32322

City, State & Zip

850-697-5555

Daytime Telephone number

dhcox@gtcom.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:

Sopchoppy Volunteer Fire Department, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

86 Municipal Avenue

Sopchoppy, FL 32358

Mailing address, if different is:

c/o City of Sopchoppy

P.O. Box 1219

Sopchoppy, FL 32358

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide fire protection for the City of Sopchoppy and surrounding areas.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The officers and directors of the corporation shall be elected by a majority of the members present at its annual meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Derek Allen, Director

Address: 97 Mallard Pond Circle

Sopchoppy, FL 32327

Name and Title: Mike Sorrell, Director

Address: 36 Mathis Road

Sopchoppy, FL 32358

Name and Title: Jim Tartt, Director

Address: P.O. Box 87

Sopchoppy, FL 32358

Name and Title: _____

Address: _____

Name and Title: Colleen Skipper, Director

Address: 18 Charlotte Rossier Road

Sopchoppy, FL 322358

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Daniel H. Cox, P.A.

Address: 206 West 6th Street

Carrabelle, FL 32322

ARTICLE VII INCORPORATOR

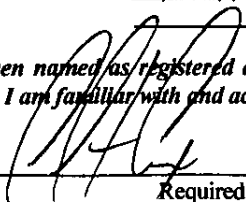
The name and address of the Incorporator is:

Name: Bobby Roddenberry

Address: 553 Rose Street

Sopchoppy, FL 32358

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


Required Signature of Registered Agent

February 25, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

February 25, 2011

Date