

N110000002946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

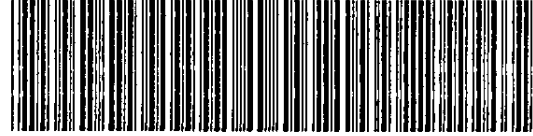
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100198364761

03/21/11--01013--015 **87.50

FILED

2011 MAR 21 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/28

COVER LETTER

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

SUBJECT: American Legion Post 114 Jake Pigott Memorial 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: Stephen E. Pigott
Name (Printed or typed)

2800 Coastal Hwy.
Address

Crawfordville, FL. 32327
City, State & Zip

850-445-4355
Daytime Telephone number

wcuffa@aol.com /
E-mail address: (to be used for future annual report notification)

2011 MAR 21 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

American Legion Post 114, Jake Pigott Memorial INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2800 Coastal Hwy
Crawfordville, FL 32327

Mailing address, if different is:
2800 Coastal Hwy.
Crawfordville, FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Support any Military Veteran, Veteran activities, activities of the American Legion & Wakulla Co. School system.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Election will be held at the monthly meeting each April & voted in by membership / *Appointed by officers*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Director/Commander Berrie Glover
Address: 486 East Ivan Rd.
Crawfordville, FL 32327

Name and Title: Sgt-at- Arms Ed Creel
Address: 347 Emerald Acres Dr.
Crawfordville, FL 32327

Name and Title: Director/Adjutant Stephen E. Pigott
Address: 2800 Coastal Hwy.
Crawfordville, FL 32327

Name and Title: Finance Officer Bobby Stafford Jr.
Address: 38 Daisy Ln.
Crawfordville, FL 32327

Name and Title: Director/Vice Commander Franklin R Roberts
Address: 360 Roberts Landing Rd.
Sopchoppy, FL 32358

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: Stephen E. Pigott
Address: 2800 Coastal Hwy.
Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Berrie Glover
Address: 486 East Ivan Rd.
Crawfordville, FL 32327

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

Stephen E Pigott

Required Signature of Registered Agent

March 10th, 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.

Berrie Glover

Required Signature of Incorporator

March 10th, 2011

Date

FILED
2011 MAR 21 PM 3:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE