

N110000004732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

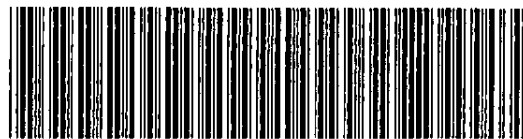
(Business Entity Name)

(Document Number)

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11 MAY 12 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700201986887

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8

COVER LETTER

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

SUBJECT: Savanna Club C.E.R.T. (Community Emergency Response Team)
(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: Daniel M. Haggerty
Name (Printed or typed)

3415 Ironwood Avenue
Address

Port St Lucie, Florida 34952
City, State & Zip

772-336- 8735
Daniel M. Haggerty Telephone number

danielmhaggerty@bellsouth.net
E-mail address: (to be used for future annual report notification)

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



RECEIVED

11 APR 28 PM 12:38

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

April 19, 2011

DANIEL M. HAGGERTY
3415 IRONWOOD AVE
PORT ST LUCIE, FL 34952

SUBJECT: SAVANNA CLUB C.E.R.T. (COMMUNITY EMERGENCY
RESPONSE TEAM)
Ref. Number: W11000021929

We have received your document for SAVANNA CLUB C.E.R.T. (COMMUNITY EMERGENCY RESPONSE TEAM) and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please complete Article(s) I.

Please return 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) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 611A00009493



RECEIVED

11 MAY 12 AM 11:01

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

April 29, 2011

DANIEL M. HAGGERTY
3415 IRONWOOD AVE
PORT ST LUCIE, FL 34952

SUBJECT: SAVANNA CLUB C.E.R.T. (COMMUNITY EMERGENCY
RESPONSE TEAM), INCORPORATED
Ref. Number: W11000021929

We have received your document for SAVANNA CLUB C.E.R.T. (COMMUNITY EMERGENCY RESPONSE TEAM), INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The name of the entity must be identical throughout the document.

Please return 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) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 611A00009493

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

ARTICLE I NAME

The name of the corporation shall be: **Savanna Club Community Emergency Response Team, Incorporated**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
3415 Ironwood Avenue
Port St Lucie, Florida 34952

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A Volunteer Community Emergency Response Assistance

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Election of Officers - two year terms. Elected by the members at a special meeting for that purpose.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel M. Haggerty - Team Leader
Address: 3415 Ironwood Avenue
Port St Lucie, Florida 34952
772-336-8735

Name and Title: John Thornton - Treasurer
Address: 3776 Sapodilla Court
Port St Lucie, Florida 34952
772-343-7887

Name and Title: Christian Clausen - Assistant Team Leader
Address: 2968 Eagles Nest Way
Port St Lucie, Florida 34952
772-340-7469

Name and Title: _____
Address: _____

Name and Title: Kathy Thornton - Secretary
Address: 3776 Sapodilla Court
Port St Lucie, Florida 34952
772-343-7887

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 M. Haggerty
Address: 3415 Ironwood Avenue
Port St Lucie, Florida 34952
772-336-8735

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Daniel M. Haggerty
Address: 3415 Ironwood Avenue
Port St Lucie, Florida 34952
772-336-8735

SECRET OF STATE
TALLAHASSEE, FLORIDA
11 MAY 12 PM 2:12

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

Daniel M Haggerty
Required Signature of Registered Agent

14 April 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.

Daniel M Haggerty
Required Signature of Incorporator

14 April 2011
Date

Daniel M Haggerty