

N110000006908

(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



000210070180

07/20/11--01022--007 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUL 20 PM 2:46

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: VFW MEN'S AUXILIARY POST 5690 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: DAN ELDEN
Name (Printed or typed)

23204 FREEDOM AVENUE
Address

PORT CHARLOTTE, FL 33980
City, State & Zip

941 629-4200
23204 FREEDOM AVENUE Phone number

vfw5690@yahoo.com
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)

APPROVED
AND
FILED

11 JUL 20 PM 2:46

ARTICLE I NAME VFW MEN'S AUXILIARY POST 5690 INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
23204 FREEDOM AVENUE
PORT CHARLOTTE, FL 33980

Mailing address SECRETARY OF STATE
P.O. BOX 496557 TALLAHASSEE FLORIDA
PORT CHARLOTTE, FL 33949

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO SPONSOR OR PARTICIPATE IN ACTIVITIES OF A PATRIOTIC NATURE.

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

VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DON PEYTON, PRESIDENT
Address: 7847 SW HIGHWAY 72
ARCADIA, FL 34266

Name and Title: DAN ELDEN, TREASURER
Address: 18694 KERRVILLE CIRCLE
PORT CHARLOTTE, FL 33948

Name and Title: KENNETH FULK, SENIOR VICE PRESIDENT
Address: 3505 HARBOR BLVD
PORT CHARLOTTE, FL 33952

Name and Title: DONALD F KUS, SECRETARY
Address: 24368 BUCKINGHAM WAY
PORT CHARLOTTE, FL 33980

Name and Title: LOUIS SORENSEN, JUNIOR VICE PRESIDENT
Address: 27900 LEATHERWOOD CIRCLE
PUNTA GORDA, FL 33950

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

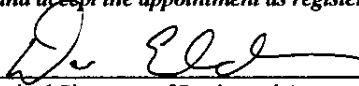
Name: DAN ELDEN
Address: 18694 KERRVILLE CIRCLE
PORT CHARLOTTE, FL 33948

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAN ELDEN
Address: 18694 KERRVILLE CIRCLE
PORT CHARLOTTE, FL 33948


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

JULY 18, 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

JULY 18, 2011

Date