

N11000007458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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11 AUG -5 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APPROVED  
AND  
FILED  
VAH

COVER LETTER

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

SUBJECT: VFW MENS AUXILIARY POST 10132, 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: ARTHUR L. NORTON  
Name (Printed or typed)

5057 SE BENTWOOD DR.  
Address

STUART, FL 34997  
City, State & Zip

772-220-4670  
Daytime Telephone number

ma post 10132 at FLVFW.org  
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: **VFW MENS AUXILIARY POST 10132, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**6101 SE DIXIE HWY.**  
**HOBE SOUND, FL 33455**

**P.O. BOX 665**  
**HOBE SOUND, FL 33475-0665**

**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:

**NOMINATED AND ELECTED BY MEMBERS ANNUALLY**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **KENNETH CARIBO**

Name and Title: \_\_\_\_\_

Address: **PRESIDENT**

Address: \_\_\_\_\_

**7821 SE SHENANDOAH DR.**  
**HOBE SOUND, FL 33455**

Name and Title: **KENNETH DESCH**

Name and Title: \_\_\_\_\_

Address: **VICE PRESIDENT**

Address: \_\_\_\_\_

**8391 SE QUAIL RIDGE**  
**HOBE SOUND, FL 33455**

Name and Title: **ARTHUR NORTON**

Name and Title: \_\_\_\_\_

Address: **TREASURER**

Address: \_\_\_\_\_

**5057 SE BENTWOOD DR.**  
**STUART, FL 34997**

**ARTICLE VI REGISTERED AGENT**

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

Name: **ARTHUR NORTON**

Address: **5057 SE BENTWOOD DR.**  
**STUART, FL 34997**

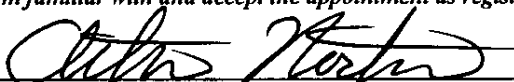
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **KENNETH CARIBO**

Address: **7821 SE SHENANDOAH DR.**  
**HOBE SOUND, FL 33455**

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

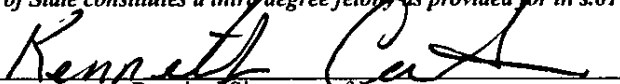


Required Signature of Registered Agent

**8-2-11**

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

**8/2/11**

Date

APPROVED  
AND  
FILED  
TALLAHASSEE, FLORIDA  
AUG - 5 AM 11:05