

N11000007750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

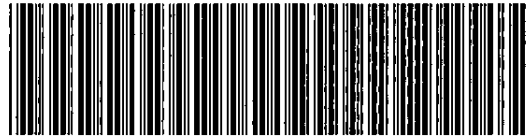
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700210802817

08/15/11--01003--008 **87.50

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 AUG 15 AM 9:18

FILED

J. Shivers AUG 16 2011

COVER LETTER

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

SUBJECT: N. O. T. R. Dugout 413 Incorporated

(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: Donald E. Payne

Name (Printed or typed)

368 Center Rd,

Address

Venice Fl. 34285-5522

City, State & Zip

941-468-2103

600 Colonnade Drive Tallahassee, FL 32310
Telephone number

dpaynesr@comcast.net

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32310

2001 AUG 15 AM 9:18

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: N. O. T. R. Dugout 413 INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
600 Colonia Ln.
Nokomis Fl 34274

Mailing address, if different is:
368 Center Rd.
Venice Fl. 34285-5522

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Raise Funds to support hospitalized Veterans and Their Families

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The officers and will be elected by the members at our April meetings and be installed following elections

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: T. J. Payne Golden Rodent
Address: P. O. Box 400
Greenville, Fl 32331

Name and Title: Don Payne Red Eyed Gnawer
Address: 368 Center Rd.
Venice Fl. 34285-5522

Name and Title: Art Osborne Silver Rodent
Address: 1969 Settlement Rd.
Venice Fl. 34292

Name and Title: _____
Address: _____

Name and Title: Ed. Barnshaw Blue Rodent
Address: 808 53rd Ave Lot 174J
Bradenton Fl. 34203

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

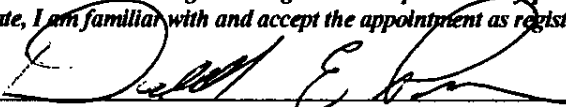
Name: Donald E. Payne
Address: 368 Center Rd.
Venice Fl. 34285-5522

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

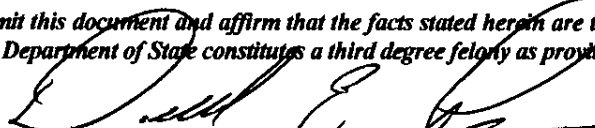
Name: Donald E. Payne
Address: 368 Center Rd.
Venice Fl. 34285-5522

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

10/Aug./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

10/Aug./2011
Date

FILED
AUG 15 AM 9:18
CLERK OF STATE
TALLAHASSEE, FLORIDA