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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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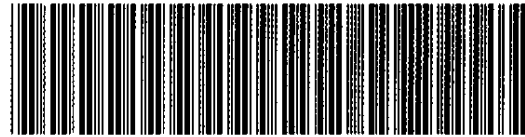
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: VFW Post 10178 Men's Auxiliary 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: VFW Post 10178 Men's Auxiliary Inc
Name (Printed or typed)

550 N. McCall Rd
Address

Englewood, FL 34223
City, State & Zip

941-681-3160
Daytime Telephone number

Post 10178@Post10178@ComcastBiz.NET
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 POST 10178 MEN'S AUXILIARY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

550 N. McCall RD
ENGLEWOOD, FL 34223

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SPONSOR OR PARTICIPATE IN ACTIVITIES
OF A PATRIOT NATURE.

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

ELECTION, BY MEMBERSHIP YEARLY.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WAYNE HOLLANDSWORTH
Address: 1814 WHISPERING PINE CR
ENGLEWOOD, FL 34223
PRESIDENT

Name and Title: JOHN CAUCHON
Address: 1504 VIRGINIA LN
ENGLEWOOD FL 34223
SR VICE PRESIDENT

Name and Title: CARL WEIDNER
Address: 142 SETULAR CR
VENICE FL 34293
JA VICE PRESIDENT

Name and Title: _____
Address: _____

Name and Title: HOWARD CZERNY
Address: 1055 MONTANA AVE
ENGLEWOOD, FL 34223
TREASURER

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: WAYNE HOLLANDSWORTH
Address: 1814 WHISPERING PINE CR
ENGLEWOOD, FL 34223

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HOWARD E. CZERNY
Address: 1055 MONTANA AVE
ENGLEWOOD, FL 34223

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

Wayne Hollandsworth
Required Signature of Registered Agent

Aug 23, 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.

Howard E. Czerny
Required Signature of Incorporator

Aug 23, 2011
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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