

N11000009267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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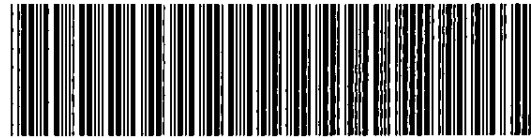
(Business Entity Name)

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DIVISION OF CORPORATIONS
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9/30/11

COVER LETTER

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

SUBJECT: OLDEST CITY UNIT, MARINE CORPS LEAGUE AUXILIARY,
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INC.

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: ROSEMARY MOSHER
Name (Printed or typed)

P.O. BOX 1752
Address

ST. AUGUSTINE, FL. 32085
City, State & Zip

904-315-6870
Daytime Telephone number

ro.ma15@att.net
E-mail address: (to be used for future annual report notification)

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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: OLDEST CITY UNIT, MARINE CORPS LEAGUE AUXILIARY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1420 AIA SOUTH
ST. AUGUSTINE, FL 32080

P.O. BOX 1752
ST. AUGUSTINE, FL 32085

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROMOTE FELLOWSHIP AMONG MARINES AND FORMER MARINES. FOR THE PURPOSE OF COMMUNITY ENRICHMENT, VETERAN OUTREACH AND VETERAN AND ACTIVE MILITARY FAMILIES.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

MAJORITY VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTINE CARCEL
Address: PRESIDENT
10150 BELLE RIVE BLVD. #2402
JACKSONVILLE, FL 32256

Name and Title: PHYLLIS REED
Address: JUDGE ADVOCATE
4 NELMAR AVE
ST. AUGUSTINE, FL 32084

Name and Title: ELLEN MAGUIRE
Address: SR. VICE PRESIDENT
1645 ST. MARKS POND BLVD.
ST. AUGUSTINE, FL 32095

Name and Title: ANNA HUBBERT
Address: SECRETARY
2305 COLDSTREAM PL.
ST. AUGUSTINE, FL 32092

Name and Title: MARIA HOLMAN
Address: JR. VICE PRESIDENT
3025 COASTAL HWY.
ST. AUGUSTINE, FL 32084

Name and Title: ROSEMARY MOSHER
Address: TREASURER
462 CASUARINA CIRCLE
ST. AUGUSTINE, FL 32086

ARTICLE VI REGISTERED AGENT

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

Name: ROSEMARY MOSHER
Address: 462 CASUARINA CIRCLE
ST. AUGUSTINE, FL 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHRISTINE CARCEL
Address: 10150 BELLE RIVE BLVD. #2402
JACKSONVILLE, FL 32256

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

Rosemary Mosher
ROSEMARY MOSHER
Required Signature of Registered Agent

9-27-11
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.

Christine M. Carcel
Required Signature of Incorporator
Christine M. Carcel

9-27-11
Date

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