

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

48048

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000252268 3)))



H110002522683ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 19 PM 2:24

APPROVED
AND
FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
WEST PALM BEACH AMERICAN LEGION POST 199, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 19 PM 4:45

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

H 11000252768

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME WEST PALM BEACH AMERICAN LEGION POST 199, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1020 11TH CIRCLE N.
WEST PALM BEACH, FL 33401

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ASSIST VETERANS, THEIR FAMILIES AND THE COMMUNITY, GIVING AND ASSISTANCE THROUGH PROGRAMS AND PROJECTS.

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

IS PROVIDED IN THE BYLAWS OF THE CORPORATION

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT
Address: FRANK REESE, JR.
1431 13TH STREET
WEST PALM BEACH, FL 33401

Name and Title: _____
Address: _____

Name and Title: VICE PRESIDENT
Address: ROBERT D. MILLER
1307 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33401

Name and Title: _____
Address: _____

Name and Title: SECRETARY
Address: JAMES M. CARMEN
2839 IRMA LAKES DR.
WEST PALM BEACH, FL 33411

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: REGINALD HILL
Address: 3906 HEATH CIRCLE N.
WEST PALM BEACH, FL 33407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: REGINALD HILL
Address: 3906 HEATH CIRCLE N.
WEST PALM BEACH, FL 33407

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

Reginald Hill

Required Signature of Registered Agent

10/19/2011

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 §817.155, F.S.

Reginald Hill

Required Signature of Incorporator

10/19/2011

Date

H 11000252768

11 OCT 19 PM 2:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED