

N12000002210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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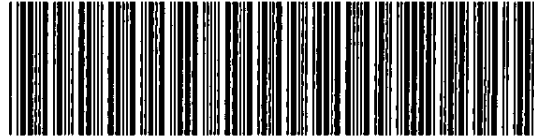
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

144

COVER LETTER

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

SUBJECT: Friends of Steinhatchee & Jena, 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: Yvonne R. Tocco

Name (Printed or typed)

4802 SW 358

Address

Steinhatchee, FL 32359

City, State & Zip

352-498-7344

901 Riverside Drive
Daytime Telephone number

yrt@tocconet.com

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:

Friends of Steinhatchee & Jena, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

901 Riverside

Steinhatchee, Fl. 32359

FILED
Mailing address, if different is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This organization is a nonprofit public benefit corporation and is not organized for the private gain of any person.

The purposes for which this corporation is organized include, but are not limited to: the preservation and management of parkland and community center as well as the delivery of programs and or materials for historic, educational, ecological, recreational, agricultural, scenic or open space opportunities.

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

Appointed at organizational meeting of Officers

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony Tocco, President

Address: 4802 SW 358
Steinhatchee, Florida 32359

Name and Title: Stanley Ridgeway, Treasurer

Address: 901 Riverside
Steinhatchee, Fl. 32359

Name and Title: Jean Ridgeway, Vice President

Address: 901 Riverside
Steinhatchee, Fl. 32359

Name and Title: _____

Address: _____

Name and Title: Yvonne R. Tocco, Secretary

Address: 4802 SW 358
Steinhatchee, Fl. 32359

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: Yvonne R. Tocco

Address: 4802 SW 358
Steinhatchee, Fl. 32359

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yvonne R. Tocco

Address: 4802 SW 358
Steinhatchee, Fl. 32359

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

Yvonne R. Tocco

Required Signature of Registered Agent

2/24/12

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.

Yvonne R. Tocco

Required Signature of Incorporator

2/24/12

Date