N12000002211

· · · · · · · · · · · · · · · · · · ·				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(enjiotate/2.p/) Note inj				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(,,,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
· · · · · · · · · · · · · · · · · · ·				

Office Use Only



900222794769

02/27/12--01026--018 **78.75

12 [[8 27] H 4: 49

2/28

COVER LETTER

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

SUBJECT: Tallahassee Chapter, The Military Order of the World Wars, Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an origina	l and one (1) copy of the A	rticles of Incorporation and	d 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 Cop & Certificate
		ADDITIONAL C	OPY REQUIRED
FROM	Katherine Adams		
	Name	(Printed or typed)	
	605 N Ramona	Avenue	
		Address	
		rida 32903-4229	
	Cit	y, State & Zip	
	321-795-8316		
	Katherine Datains:	Telephone number	
	hadams1@ac	ol.com	
	E-mail address: (to be used for	or future annual report notifica	tion)

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 The name of the c	NAME Tallahassee Chapter, Toporation shall be:	The Military Order of the World Wars, Inc
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
	Katherine Adams	
	605 N Ramona Avenue Indialantic, Florida 32903-4229	
ARTICLE III	PURPOSE	
The purpose for v	which the corporation is organized is:	
Charitable no FEI/EIN # 59	on-profit veterans organization 92679767	
ARTICLE IV	MANNER OF ELECTION The manner in	which the directors are elected and appointed:
Monthly mee	eting, officers and directors are appoint	ted
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	
Name and T	Fitle: Maj Curtis Craig. President	Name and Title:
Address:	1212 Richview Road Tallahassee, Florida 32301-3626	Address:
	850-877-9936	<u> </u>
		<u> </u>
	Title:Maj Robert Fowler	Name and Title:
Address:	601 Allegheney Drive	
	Sun City Center, Florida 33573 813-634-4124	
	013-0312	
Name and T		Name and Title:
Address:	605 N Ramona Avenue Indialantic, Florida 32903-4229	
	321-795-8316	
ARTICLE VI	REGISTERED AGENT	
The name and Flo	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Mrs Katherine Adams	
Address:	605 N Ramona Avenue	
	Indialantic, Florida 321-795-8316	. P2.7.7
	321-793-6310	2
ARTICLE VII	INCORPORATOR	
	dress of the Incorporator is:	
Name: Address:	Mrs Katherine Adams 605 N Ramona Avenue	
Address.	Indialantic, Florida 32903-4229	
	321-795-8316	- -
		- ss for the above stated corporation at the place designated in this ed agent and agree to act in this capacity
Katherin	Adams	22 February 2012
}	Required Signature of Registered Agent	Date
	ument and affirm that the facts stated herein are tr t of State constitutes a third degree felony as provide	ue. I am aware that any false information submitted in a document ed for in s.817.155, F.S.
Katheri	LI Adamos	22 February 2012
10010	Required Signature of Incorporator	Date