## N12000003812

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Gity/State/Elp/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name) 🕟
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

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

SUBJECT: Palatka Downtown Street Parties, Inc.						
Enclosed is an original a	(PROPOSED CORPORAT					
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate			
FROM:	Charles Rudd					
Name (Printed or typed)						
205 N. 2nd Street						
	Address					
Palatka, FL 32177						
City, State & Zip 386-329-0100, ext. 333						
	201 N. 21 2 2 Telephone number					

palatkamainstreet@gmail.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)

FILED

Date

ARTICLE I	NAME Palatka Downtown Str	oot Partice Ir	12 APR     PM  :   4
The name of the c	corporation shall be:	cett arties, ii	SECOMB!
ARTICLE II	PRINCIPAL OFFICE		SECRETARY OF STATE Mailing address, it distables
	Principal street address		Mailing address, it difference
	201 N. 2nd Street		P.O. Box 1054
	Palatka, Florida 32177	_	.Palatka, FL_32178
	numnoan.		
ARTICLE III	PURPOSE	•	
	which the corporation is organized is:		
	downtown Palatka as a destination for		
tun and enjo	y a sense of community, through mon	ithiy special e	vents.
ARTICLE IV	MANNER OF ELECTION The manner in	which the director	s are elected and appointed:
The Director	s shall be appointed by the Palatka M	ain Street. Ind	c. Board of Directors.
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	•	
Name and 7	Title: Robert Taylor, President	Name and Title	e:Jerry Hafner, Vice President
Address:	710 St. Johns Avenue	Address:	122 Hilty Lane
	Palatka, FL 32177	_	East Palatka, FL 32131
		<del></del>	<del></del>
Name and T	Title: <u>Susan Loosberg</u>	_ Name and Title	e: Adam Deputy, Treasurer
Address:	306 Oak Street		223 Dodge Street
	Palatka, FL 32177	_	Palatka, FL 32177
•		_	
Name and T	Fitle:	Name and Title	<b>:</b> :
Address:			
		_	
		_	
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) o	f the registered age	ent is:
Name:	Charles Rudd	_	
Address:	205 N. 2nd Street	_	
	Palatka, FL 32177	_	
	-	_	
ARTICLE VII	INCORPORATOR		
	dress of the Incorporator is:		
Name:	Charles Rudd	_	
Address:	205 N. 2nd Street Palatka, FL 32177	_	
	r alatha, I L SZIII	_	
		_	
	ned as registered agent to accept service of proce		
certificate, I am fo	amiliar with and accept the appointment as register	ed agent and agre	e to act in this capacity
	That Red		April 9, 2012
	Required Signature of Registered Agent		Date
	,		
I submit this docu	iment and affirm that the facts stated herein are ti	ue. I am aware th	at any false information submitted in a documen
o the Department	t of State constitutes a third deofee felony as provid	led for in s.817.15:	5, F.S.
	( 1 -1 11		A
	IN THE		April 9, 2012

Required Signature of Incorporator