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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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megalia

COVER LETTER

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

7\$70.00

Filing Fee

SUBJECT: American Legion Auxiliary Rood Williams Unit 271 Corp.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

Filing Fee &

	Certificate of Status	& Certified Copy	Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
	Pohooo Plumono	atoin.	
FROM:			-
	Name (P	rinted or typed)	
	4909 SE Pine R		_
	F	Address	
	Stuart, FL 34997		_
	City,	State & Zip	- .
	561-427-4213		
	775 US HDaytime T	elephone number	-
	rjobecca2@coi		_
	E-mail address: (to be used for	future annual report notification	on)

\$78.75

Filing Fee

\$87.50

Filing Fee,

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

	NAME American Legion Auxil	iary Rood Willi	iams Unit 271 Corp.
The name of the o	corporation shall be:	,	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	775 US HWY 1	_	
	Tequesta, FL		
	33469		
ARTICLE III			
he purpose for	which the corporation is organized is:	/1 -	111.00
For the purp	which the corporation is organized is: lose of supporting American Veterans.	/char	Hade OIX
			U
	,	•	
ARTICLE IV	MANNER OF ELECTION The manner in	which the directors	are elected and appointed:
Ballot Vote	·		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	rs	
	Title: Rebecca Blumenstein President		Carol Dehne Treasurer
Address:	4909 SE Pine Ridge Way	Address:	1033 Stillwater DR
	Stuart, FL	<u> </u>	Jupiter, FL
	34997		33458
	mid. Alles Oslaffes Mes Decelelant	3.7 1.00%	,
	Title: Alice Odaffer Vice President		
Address:	5822 Tucker RD		
	Jupiter, FL 33458	-	
	33436	-	
Name and	Title: Carol McAteer Secretary	Name and Title:	:
Address:	400 N HWY A1A Lot 108		
	Jupiter, FL		
	33458	_	MANUAL
ARTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable) o	f the registered ager	nt is:
Name:	Rebecca Blumenstein		
Address:	4909 SE Pine Ridge Way		AS 12
	Stuart, FL	_	
	34997	-	至
		_	PS 2
ARTICLE VII	<u>INCORPORATOR</u>		See of the
	ddress of the Incorporator is:		Fig. P
Name:	Rebecca Blumenstein	_	
Address:	4909 SE Pine Ridge Way	_	25
	Stuart, FL	-	
	34997	_	Se _
Havina been na	med as registered agent to accept service of proc	ess for the above s	stated cornoration at the place designated in th
	familiar with and accept the appointment as registe		
/ · · · · · · · · · · · · · · · · · · ·			, / 22 \
′ /	occ the monst	1 K /	4-25-12
Lene		<u> </u>	Date
Sebe	Required Signature of Registered Agent		1346
Seber	Required Signature of Registered Agent	T	
	rument and affirm that the facts stated herein are t		at any false information submitted in a documen
			at any false information submitted in a documen
	rument and affirm that the facts stated herein are t		at any false information submitted in a documen