

N12000004572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

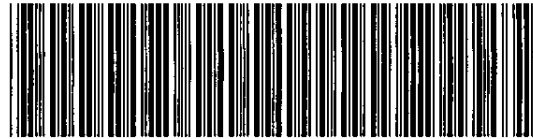
(Business Entity Name)

(Document Number)

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COVER LETTER

ORIGINAL

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

SUBJECT: Men's Auxiliary, Veterans of Foreign Wars Post 9226, 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: Anthony A. Latorraca
Name (Printed or typed)

12216 23rd St. E
Address

Parrish, FL 34219
City, State & Zip

941-776-0422
3511 12th St. Daytime Telephone number

tonylat1@yahoo.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:

Men's Auxiliary, Veterans of Foreign Wars Post 9226, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3511 12th St E
Ellenton, FL 34222

12 MAY -4 PM
Mailing address, if different is

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Support of VFW Post 9226 and to provide money and resources to help veterans and their families in their time of need.

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

Officers are elected on an annual basis in April of each year.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kevin Tracy, President (P)
Address: 900 9th Avenue E
Lot 179
Palmetto, FL 34221

Name and Title: _____
Address: _____

Name and Title: William Noble, Treasurer (T)
Address: 815 Ixora Avenue
Ellenton, FL 34222

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Kevin Tracy
Address: 900 9th Avenue E
Lot 179
Palmetto, FL 34221

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Anthony A. Latorraca
Address: 12216 23rd St. E
Parrish, FL 34219

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


Required Signature of Registered Agent

4.30.12
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.


Required Signature of Incorporator

4/30/12
Date