

N170000006205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

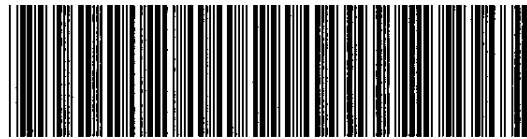
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JUN 22 PM 1:02

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DIVISION OF REVENUE
JUN 22 2012

6/25

[Handwritten signature]

COVER LETTER

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

SUBJECT: Crystal River Raid, 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: John L. Porter

Name (Printed or typed)

8154 W Pine Bluff Street

Address

Crystal River, FL 34428-6930

City, State & Zip

352-563-2817

Daytime Telephone number

jlporter@embarqmail.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: Crystal River Raid, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8154 W Pine Bluff Street
Crystal River, FL 34428-6930

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Crystal River Raid, Inc. is dedicated to creating a understanding of the Civil War through reenactment battles, education of those battles and the way of life during that time period.

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

By-Laws of the Corporation

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Curtis R. Peters, President
Address: PO Box 38
Inglis, FL 34449

Name and Title: John L. Porter, Treasurer
Address: 8154 W Pine Bluff St
Crystal River, FL 34428

Name and Title: Jeffery D. Bruno, Vice-President
Address: 8727 N Carpathian Point
Dunnellon, FL 34433

Name and Title: _____
Address: _____

Name and Title: Marlene Bruno, Secretary
Address: PO Box 1027
Crystal River, FL 34423

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

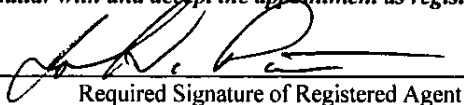
Name: John L. Porter
Address: 8154 W Pine Bluff St
Crystal River, FL 34428-6930

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

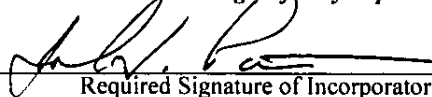
Name: John L. Porter
Address: 8154 W Pine Bluff St
Crystal River, FL 34428-6930

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

June 20, 2012
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

June 20, 2012
Date

FILED
JUN 22 PM 1:02
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
FLORIDA