# N12000006270

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(Requestor's Name)
·
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Citaly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Duster C. Duran
AUTHORIZATION BY PHONE TO
DATE 6/26/12
BOG EMM
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Office Use Only



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12 JUN 25 PH 3: 11
SECRETARY OF STATE
ALLAHASSEE, FLORIG

MRB/12

#### **COVER LETTER**

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

SUBJECT: INTE		ASON'IC RIDER TENAME- <u>MUST INCLUI</u>		10N, INC.
Enclosed is an original at \$70.00 Filing Fee	nd one (1) copy of the Ar  \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
FROM:	DUSTIN C Name (1			
	CURAL S	PRINGS, FL State & Zip	33071	

IMRA, MASONS @ YAHOO.COM E-mail address: (to be used for future annual report notification)

954-732-0860 Daytime Telephone number

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



### RECEIVED

12 JUN 25 PH 3: 08

## FLORIDA DEPARTMENT OF STATE OF STATE OF ALIGHED STATE OF

June 18, 2012

DUSTIN C. DUNN 9198 N.W. 21 ST. CORAL SPRINGS, FL 33071

SUBJECT: INTERNATIONAL MASONIC RIDERS ASSOCIATION, INC

Ref. Number: W12000032803

We have received your document for INTERNATIONAL MASONIC RIDERS ASSOCIATION, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 212A00016882

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

ARTICLE I	<u>. NAME</u> International M	lasonic Riders Association, Inc.
The name of the c	corporation shall be:	
ARTICLE II	PRINCIPAL OFFICE	
article ii	Principal street address	Mailing address, if different is:
	9198 NW 21st. St.	watting address, it different is.
	Coral Springs, Fl.33071	
ARTICLE III	PURPOSE	
·	which the corporation is organized is:	
		roviding relief for homeless veterans and
		or those who require aid and assistance.
provide crie	anty within our community it	illuse who require all and assistance.
ARTICLE IV	MANNER OF ELECTION The ma	nner in which the directors are elected and appointed:
Appointed Of	fficiers are President and Vice P	resident. Elected Officers are Secretary and Treasurer.
Directors	will be appointed.	resident. Elected Officers are Secretary and Treasurer. <u>ECTORS</u>
Name and T	Gile: Frank Sanchaz President	Name and Title: Matthew Griffith, Treasurer
Address:	10777 W. Sample Rd.	Address: 6277 Seminole Terr.
nuicss.	Suite 305	Coral Springs, Fl. 33063
	Coral Springs, Fl. 33065	
Nome and T	Na. Nov Pooz Vice President	Name of Title
Address:	241 Populing Crossing	Name and Title:
Addiess.	241 Roseling Crossing Davenport, Fl. 33897	Address:
	<u> </u>	
21 12	Dustin Dunn Coastan	
Name and 1 Address:	9198 NW 21st. St.	Name and Title:
Audress.	Coral Springs, Fl. 33071	
DTICLE IN	REGISTERED AGENT	
	prida street address (P.O. Box NOT accept	rahla) of the registered agent is:
Name:	Dustin Dunn	abic) of the registered agent is.
Address:	9198 N.W. 21st. St.	
	Coral Springs, Fl. 33071	
RTICLE VII	INCORPORATOR	A Part of Part
	dress of the Incorporator is:	
Name:	Dustin Dunn	55 6
Address:	9198 N.W. 21st. St.	
	Coral Springs, Fl. 33071	& & & & & & & & & & & & & & & & &
Iavina haan nan	and as registered agent to accent service of	f process for the above stated corporation at the place designated in the
ertificate, I am fa	miliar with and accept the appointment as i	registered agent and agree to act in this capacity
	^	
À	austorlan	06/21/12
	Ausbale Required Signature of Registered A	Agent Date
suumui inis aocu. o the Department	ment and affirm that the facts stated hereit of State constitutes a third degree felony as	n are true. I am aware that any false information submitted in a documen
e vepariment		provided for in 5.017.133, 1.3.
1	John In-	$m(\sqrt{2})$
//	Required Signature of Incorp	orator Dota