

N/2000008266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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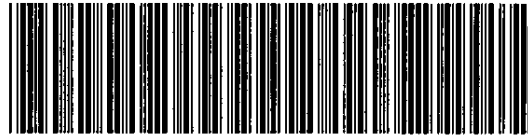
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/11/12  
12 AUG 27 AM 11:29  
STATE  
TALLAHASSEE, FLORIDA

WP-41717

K 08/28/12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 AUG 27 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 9, 2012

FRANK MAITLAND  
2464 SE VETERANS AVE  
STUART, FL 34994

SUBJECT: THE AMERICAN LEGION DEPT. OF FLORIDA AARON VAUGHN  
POST 399 PALM CITY, FL, INC.  
Ref. Number: W12000041717

We have received your document for THE AMERICAN LEGION DEPT. OF FLORIDA AARON VAUGHN POST 399 PALM CITY, FL, 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):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

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.

Thomas Chang  
Regulatory Specialist.II  
New Filing Section

Letter Number: 312A00020678

## COVER LETTER

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

**SUBJECT:** The American Legion Dept. of Florida Aaron Vaughn Post 399 Palm City FL, 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:** Frank Maitland  
Name (Printed or typed)

2464 SE Veterans Ave  
Address

Stuart FL 34994  
City, State & Zip

772-220-0144  
Telephone number

1stmait1@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)

## ARTICLE I NAME

The name of the corporation shall be: The American Legion Dept. of Florida Aaron Vaughn Post 399 Palm City, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
2464 SE Veterans Ave  
Stuart FL 34994

Mailing address, if different is:  
PO Box 1248  
Palm City FL 34991

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
Veterans Association

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Elected

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Frank Maitland President  
Address: 2464 SE Veterans Ave  
Stuart FL 34994

Name and Title: Bruce Millette Director  
Address: 2464 SE Veterans Ave  
Stuart FL 34994

Name and Title: Joseph Anderson Secretary  
Address: 2464 SE Veterans Ave  
Stuart FL 34994

Name and Title: Charles Petty Director  
Address: 2464 SE Veterans Ave  
Stuart FL 34994

Name and Title: Craig Sevenliss Director  
Address: 2464 Veterans Ave  
Stuart FL 34994

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: Frank Maitland  
Address: 2464 SE Veterans Ave  
Stuart FL 34994

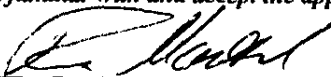
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Frank Maitland  
Address: 2464 SE Veterans Ave  
Stuart FL 34994

12 AUG 27 AM 11:29  
STATE OF FLORIDA  
TALLAHASSEE

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

8/23/2012

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

8/23/2012

Date