N12000009315

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u>. </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	h
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ALLAHASSEE OLGANI

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COVER LETTER

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

SUBJECT: St. Johns County Cattlemen Association, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original	and one (1) copy of the A	rticles of Incorporation and	ia 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 CO	OPY REQUIRED

FROM:	Kathy Fazio
	Name (Printed or typed)
	2380 Deer Run Road
	Address
	St. Augustine, FL 32084
	City, State & Zip
	904 824-9441
	2380 Dee இர்ந்து alephone number

taraganson@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 The name of the o	NAME St. Johns County Ca	ttlemen Associa	ation, Inc.
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	2380 Deer Run Road		
	St. Augustine, FL 32084	 .	5.0
ARTICLE III	PURPOSE		AND SET IN
The purpose for v	which the corporation is organized is:		₹ 7 π
	and cattle related events		28 28 28
ARTICLE IV	MANNER OF ELECTION The manner	in which the directors	s are elected and appointed: 🚎 💝
By Vote			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	rors	
	Fitle: Charles Stevens - President	Name and Title	:Margo Stevens - Secretary
Address:	701 Hansen Road	Address:	701 Hansen Road
	St. Augustine, FL 32086		St. Augustine, FL 32086
	904 794-1309		904 794-1309
Name and T	itle:Terrell Jones - Vice President	Name and Title	:
Address:	5095 Datil Pepper Road	Address:	
	St. Augustine, FL 32086		
	904 669-5249		
Name and T	itle: Kathy Fazio - Treasurer	Name and Title	:
Address:	2380 Deer Run Road	Address:	
	St. Augustine, FL 32084		
	904 824-9441		
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable)	of the registered age:	nt is:
Name:	Kathy Fazio		
Address:	2380 Deer Run Road St. Augustine, FL 32084		
	904 824-9441		
		_ _	
ARTICLE VII	INCORPORATOR		
Name and ad	dress of the Incorporator is: Charles Stevens		
Address:	701 Hansen Road	_	
	St. Augustine, FL 32086		
			
Having been nam certificate, I am fa	ned as registered agent to accept service of pro- miliar with and accept the appointment as regist	cess for the above so ered agent and agree	tated corporation at the place designated in this to act in this capacity
Hath.	20.0		09/24/12
nany	Page Required Signature of Registered Agent		Date
submit this docu		true. I am aware tha	ut any false information submitted in a document
a a m	-		00/04/40
Chulu St	Required Signature of Incorporato	<u> </u>	09/24/12 Date
	required digitature of incorporato	1	Date