

N12000009317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

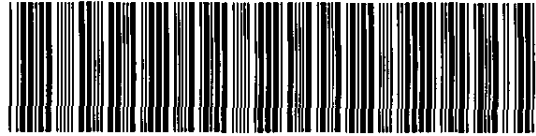
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 10/01/12

COVER LETTER

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

SUBJECT: FL/GA Amateur Radio Projects & Development, 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: Robert Lyons
Name (Printed or typed)

4050 Sun Hawk Blvd
Address

Tallahassee, FL 32309
City, State & Zip

850-508-1906
4050 Sun Hawk Blvd phone number

KI4BLI@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: FL/GA AMATEUR RADIO PROJECTS & DEVELOPMENT, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
4050 Sun Hawk Blvd
Tallahassee, FL 32309

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The pupose of this organization is to promote the field of amateur radio communications in the North Florida area.

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

~~DIRECTOR~~ to be elected by majority vote of memebbers every 12 months which will be calculated from the date of the first business meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Lyons - President
Address: 4050 Sun Hawk Blvd
Tallahassee, FL 32309

Name and Title: Nicholas Simoncini - Vice President
Address: 1525 Live Oak Rd
Monticello, FL 32344

Name and Title: Kathleen Lyons - Treasurer/Secretary
Address: 4050 Sun Hawk Blvd
Tallahassee, FL 32309

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: Robert Lyons
Address: 4050 Sun Hawk Blvd
Tallahassee, FL 32309

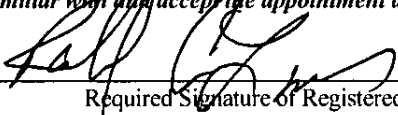
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Lyons
Address: 4050 Sun Hawk Blvd
Tallahassee, FL 32309

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

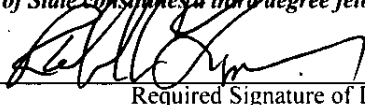
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

09/21/2012

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

09/21/2012

Date