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NVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: Northwest Florida Herpetological Society Inc.

Enclosed is an original	and one (1) copy of the Arti	cles of Incorporation and	d 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 C	OPY REQUIRED					
FROM: Starla Peno Name (Printed or typed)								
MODO Community Dr								
Pensacola FL 32526								
(850) 572-1095 Daytime Telephone number								
မှ								

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

E-mail address: (to be used for future annual report notification)

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

ARTICLE I The name of the c	NAME corporation shall be: Northwest Flo	orida Heri	Stological Society Inc
ARTICLE II	PRINCIPAL OFFICE	, ,	
	Principal <u>street</u> address 7000 Community I Densacola, Fla 326)v 526	Mailing address, if different is:
ARTICLE III	PURPOSE		and the state of t
The purpose for to educative Ammphibian All wildlif Northwest	which the corporation is organized is: The Nort of the general public about the prope s, who are frequently misunders tood ie a encourage the corperation be Florida area. We also promote a	hwest Floring or Care, Mai by the Put theen amo observe all	da Hepetological Society is dedicated intenance of breeding of reptiles of blic. We promote the conservation of the theoretologists in the following state laws.
ARTICLE IV	MANNER OF ELECTION The manner in Elected in ageneral election	which the directo	rs are elected and appointed:
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS	
Name and T Address:	Title: Starla Rend / President 7000 Community Dr Pensacula F1 32526	_ Name and Titl _ Address: _	e: Charles Looney/Vice President The Wilcox Crossing Rd Bonifay F1 32425
Name and T Address:	Fitle: Elicia Coff / Secretary 502 Tall Pines St Crestview FL 32539	_ Name and Titl _ Address:	He: Judy Harter / Treasurer 4664 Rambling Way Pace FL: 32571
Name and T Address:	Fille: Lauren Christian Culpepper/ 1618 Woodlawn Way Gulf Breeze Fl 32563	Sarge tof t Name and Titl Address:	Arms e:
ARTICLE VI	REGISTERED AGENT	_	
	orida street address (P.O. Box NOT acceptable) of Storla Keno 7000 Community Pensarola Honsda	the registered ag	ent is: SECTOR S
		9	
ARTICLE VII	INCORPORATOR Idress of the Incorporator is:		
Name:	Elicia C. Coff	_	PR 중위생 도 일요
Address:	502 Tall Dines St Crestriew FL 32539	- - -	· 12
	ned as registered agent to accept service of proce amiliar with and accept the appointment as register.		stated corporation at the place designated in this ee to act in this capacity
()to	The Para		· 1N-9-17
100	Required Signature of Registered Agent		Date
	iment and affirm that the facts stated herein are tr t of State constitutes a third degree felony as provide		that any false information submitted in a document 55, F.S. $119-9-17$
-/	Required Signature of Incorporator	<u>, ,</u>	Date