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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

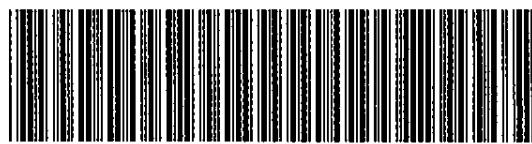
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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DIVISION OF CORPORATIONS  
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11/21/12  
JG

## COVER LETTER

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

**SUBJECT:** Ocala/Marion County Professional Photographers Association, 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: Jackson W Koontz III  
Name (Printed or typed)

1420 NE 26th Lane  
Address

Ocala, Florida 34470  
City, State & Zip

352-369-4257  
Daytime Telephone number

actionjacksonpro@gmail.com  
E-mail address: (to be used for future annual report notification)

12 NOV 20 PM 12:40  
RECEIVED  
FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: Ocala/Marion County Professional Photographers Association, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Ocala/Marion County PPA

1420 NE 26th Lane

Ocala, Florida 34470

Mailing address, if different is:

Ocala/Marion County PPA

PO Box 6878

Ocala, Florida 34478

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

- The objectives of the organization shall be as follows: A) To create, promote, foster and maintain fellowship and mutual respect and cooperation between all members; B) To promote the highest in ethical standards in all dealings between all parties related to the photo industry; C) To promote the education of its members in order to provide the highest quality photographic product available in the industry today; D) To improve the public's awareness and appreciation for the art of professional photography; E) To engage in any lawful activity for which corporations may be organized under the General Corporations Laws of the State of Florida as a Non-Profit Corporation and Section 501(c)(6) of the Internal Revenue Code or the corresponding provision of any future United States Internal Revenue Code.
- The objectives will be achieved by the publication and distribution (hard copy or electronic) to OMCPPA members of Newsletters, Directories, and the conducting of meetings, seminars, and other such educational activities.

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

Yearly election/re-election of directors by the membership to serve a three (3) year term

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jackson W Koontz III, President

Address: 1420 NE 26th Lane

Ocala, Florida 34470

Name and Title: Michelle Almyada, Treasurer

Address: 13522 NW 1st St

Ocala, Florida 34482

Name and Title: Charles Gordon, Vice President

Address: 1959 N.E. 7th Place

Ocala, FL 34470

Name and Title: Sheila Hartley, Director

Address: 3420 S. E. 4th St

Ocala, FL 34471

Name and Title: Julie Johnson, Secretary

Address: 8504 SE 72nd Ave

Ocala, FL 34472

Name and Title: Conan Segrest, Director

Address: 7256 SW 62nd Ave suite 5

Ocala, FL 34476

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Judge Cochran

Address: 9897 SW 56th Court

Ocala, Florida 34476

12 NOV 20 PD:12:40  
SPECIALTY COPY & PRINTING  
HILTON HEAD ISLAND, SC

**ARTICLE VII INCORPORATOR**

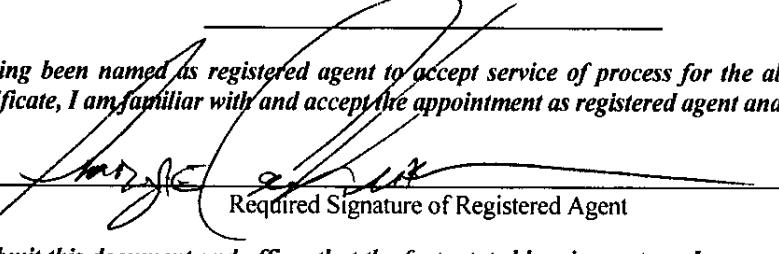
The name and address of the Incorporator is:

Name: Jackson W Koontz III

Address: 1420 NE 26th Lane

Ocala, Florida 34470

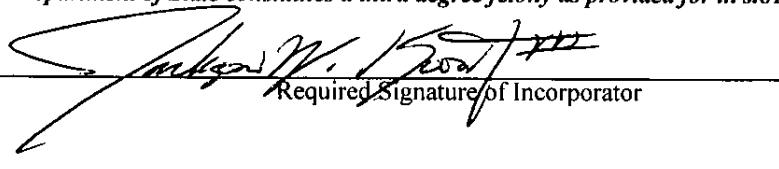
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent

11/15/2012

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

11/15/2012

Date