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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Added Suffix "INC." to the CORPORATE NAME PER REGUESTOF John BARRY 12/4
Office Use Only



12/03/12--01038--015 **78.75



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2012

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JOHN BARRY 9902 56TH WAY N. PINELLAS PARK, FL 33782

SUBJECT: LAWRENCE MELZER TATE POST 39 VETERANS OF FOREIGN WAR MENS AUXILIARY Ref. Number: W12000060205

We have received your document for LAWRENCE MELZER TATE POST 39 VETERANS OF FOREIGN WAR MENS AUXILIARY 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 name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 412A00028693

Division of Cornerations - P.O. BOX 6327 Tallahassee Florida 32314

COVER LETTER

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

SUBJECT: Lawrence Melzer Tate Post 39 Veterans of Foreign Wars Mens Auxiliary

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00 Filing Fee Status

■\$78.75 Filing Fee & Certified Copy

State State

ADDITIONAL COPY REQUIRED

FROM: John Barry

Name (Printed or typed)

9902	56th	Way	Ν

Address

Pinellas Park, Fl 33782

City, State & Zip

727-743-4864

Daytime Telephone number

johnbarry@synovus.com

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

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

AKTICLES OF INCORPORATION

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

ADTICIPI NA ME

the name of the c	Lawrence Melzer	: Tate Post 39 Ver	terans of Foreign War Mens Auxiliar
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	2599 Central Avenue		
	St. Petersburg, Florida 33713	· · · · · · · · · · · · · · · · · · ·	·
			
ARTICLE III	PURPOSE		
The purpose for v	which the corporation is organized is:		
		Allen Tete Deet 20	Matazana of Earoign Mara of the United
			Veterans of Foreign Wars of the United
States. To si	upport charitable organizations	that benefit our con	nmunity.
			$\geq \phi \rightarrow$
ARTICLE IV	MANNER OF ELECTION The m	nanner in which the directo	ors are elected and appointed
	Bv vote	of members	
• • • • •	Sproute ,		
<u>ARTICLE_V</u>	INITIAL OFFICERS AND/OR DI		
	itle: Miles Jankovic - President		
Address:	4450 8th St. N	Address:	
	St. Petersburg, Florida 33703		Pinellas Park, Florida 33781
Name and T	itle: Robert Freeman -	Name and Tit	tie: John Barry - Secty/Treas
Address:	4680 Carson St NE	Name and The Address:	9902 56th Way N
Address.	St. Petersburg, Florida 33703	Address.	Pienlias Park, Florida 33782
Name and T	Title:	Name and Tit	tle:
Address:		Address:	
		<u> </u>	
ARTICLE VI	<u>REGISTERED AGENT</u>		
		eptable) of the registered a	agent is:
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acco John Barry	eptable) of the registered a	agent is:
he name and Fl	orida street address (P.O. Box NOT acce	eptable) of the registered a	agent is:
The <u>name and Fl</u> Name:	orida street address (P.O. Box NOT acco John Barry	eptable) of the registered a	agent is:
The <u>name and Fl</u> Name:	orida street address (P.O. Box NOT acco John Barry 9902 56th Way N	eptable) of the registered a 	agent is:

The name and address	of the Incorporator is:
Name:	John Barry
Address:	9902 56th Way N
	Pinellas Park, Florida 33782

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 2012

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

Ш 19/2012 Date