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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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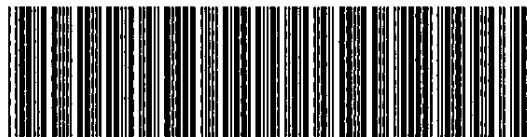
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Guardian Ad Litem Society of Nassau County, 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: Creighton G. Hoffman
Name (Printed or typed)

8360 Sanctuary Lane
Address

Amelia Island, FL 32034
City, State & Zip

904-491-5264
Daytime Telephone number

corkyhoffman@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 NAME

The name of the corporation shall be: Guardian Ad Litem Society of Nassau County, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8360 Sanctuary Lane

Mailing address, if different is:

Amelia Island, FL 32034

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide for the special needs of children in the Guardian Ad Litem program in Nassau County, FL, and

Provide for the recruitment, training and retention of Guardian Ad Litem volunteers in Nassau County.

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

Elected by a majority vote of directors present.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carolyn D. King, President

Address: 4 Royal Tern Road
Amelia Island, FL 32034

Name and Title: _____

Address: _____

Name and Title: Andrea C. Hoffman, Vice President

Address: 8360 Sanctuary Lane
Amelia Island, FL 32034

Name and Title: _____

Address: _____

Name and Title: Creighton G. Hoffman, Secretary/Treasurer

Address: 8360 Sanctuary Lane
Amelia Island, FL 32034

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Creighton G. Hoffman

Address: 8360 Sanctuary Lane
Amelia Island, FL 32034

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Creighton G. Hoffman

Address: 8360 Sanctuary Lane
Amelia Island, FL 32034

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

1/7/13
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

1/7/13
Date