

N13000000828

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only

632-6429-613
W13000001870



200242175542

01/07/13--01028--009 **78.75

13 JAN 22 PM 4: 04

RECEIVED
STATE OF ARIZONA
DEPARTMENT OF REVENUE

1/25/13

COVER LETTER

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

SUBJECT: **AMVETS POST 42 RIDERS, 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

*mailed in w/
earlier Alp*
Jack HUDSON
CX# 1031

FROM: **JACK HUDSON**

Name (Printed or typed)

320 SW 10 ST

Address

CHIEFLAND, FLA. 32626

City, State & Zip

352-493-2595

Daytime Telephone number

HUDBM3@ATT.NET

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

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

13 JAN 22 PM 4:05
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DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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13 JAN 22 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 9, 2013

JACK HUDSON
320 SW 10TH STREET
CHIEFLAND, FL 32626

SUBJECT: AMVETS POST 42 RIDERS, INC.
Ref. Number: W13000001870

We have received your document for AMVETS POST 42 RIDERS, INC. 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 purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 413A00000695

13 JAN 22 PM 4:05

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

ARTICLE I NAME

The name of the corporation shall be: AMVETS POST 42 RIDERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 JAN 22 PM 4: 05

ARTICLE II PRINCIPAL OFFICE

Principal street address:
14472 NW HWY. 19

CHIEFLAND, FLORIDA
32626

Mailing address, if different is:
PO BOX 1245

CHIEFLAND, FLORIDA
32644

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SUPPORT OUR COMMUNITY AND VETERANS IN THE COMMUNITY.

HELP THE VETERANS HOSPITAL, HOSPICE, AND OTHER WORTHWHILE COMMUNITY ORG.

BOY SCOUTS, LITTLE LEAGUE, ROTC, CLEANUP RIVER PROJECTS, FUNERAL ESCORT, FLAG LINES, BUERIAL DETAILS, ECT.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: BY MAJORITY VOTE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT, JIM HESS

Address: 12731 NW 93 LANE
CHIEFLAND, FLORIDA
32626

Name and Title: SECRETARY JACK HUDSON

Address: 320 SW 10 TH ST
CHIEFLAND, FLORIDA
32626

Name and Title: RECEIVER STEVE BINGAMAN

Address: PO BOX 1703
CHIEFLAN, FLORIDA
32644

Name and Title: VICE. PRES. DON HUGHES

Address: 11111 NW 114 TH PL.
CHIEFLAND, FLORIDA
32626

Name and Title: TREASURE BOB HAHN

Address: 11990 NW 83 CT
CHIEFLAND, FLORIDA
32626

Name and Title: SERGANT @ ARMS JERRY LYNN

Address: 28872 SE HWY. 19
OLD TOWN, FLORIDA
32680

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: JIM HESS

Address: 12731 NW 93 LN
CHIEFLAND, FLORIDA 32626

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DEPT. OF STATE
CORPORATION DIVISION

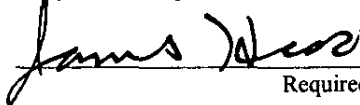
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JACK HUDSON

Address: 320 SW 10 TH ST
CHIEFLAND, FLORIDA 32626

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

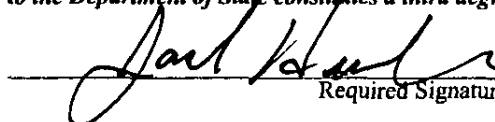


Required Signature of Registered Agent

1-16-13

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

1-16-13

Date