

P13000001009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700243693767

01/30/13--01018--002 **70.00

FILED
13 JAN 30 AM 7:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/31



COVER LETTER

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

SUBJECT: Wakulla County Youth Fair 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: Patricia Piland
Name (Printed or typed)

1204 Shadenville Road
Address

Crawfordville, Fl. 32327
City, State & Zip

850 - 509 - 3263
Daytime Telephone number

ppiland @ comcast. net
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: Wakulla County Youth Fair Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1204 Shadeville Road

Crawfordville, Fl. 32327

Mailing address, if different is:

P.O. Box 141

Crawfordville, Fl. 32326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the Wakulla

County Youth Fair Association, Inc. is to plan and
administer to annual youth Swine Show.

In addition to the show, the association
holds educational meetings for participants
to learn about market hogs, showmanship,
the food supply, and economics.

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

Appointed annually by the Swine Show operating Board.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ed Brimmer, Board Member Name and Title: _____

Address: P.O. Box 141 Address: _____
Crawfordville, Fl 32326

Name and Title: Ed Creel, Board Member Name and Title: _____

Address: P.O. Box 141 Address: _____
Crawfordville, Fl. 32326

Name and Title: Larry Taylor, Board Member Name and Title: _____

Address: P.O. Box 141 Address: _____
Crawfordville, Fl. 32326

13 JAN 30 AM 7:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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: Patricia Piland

Address: 1204 Shadenville Rd
Crawfordville, Fl. 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patricia Piland

Address: 1204 Shadenville Rd
Crawfordville, Fl. 32327

FILED
13 JAN 30 AM 7:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Patricia Piland

Required Signature of Registered Agent

1-28-13

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.

Patricia Piland

Required Signature of Incorporator

1-28-13

Date