

N13000002026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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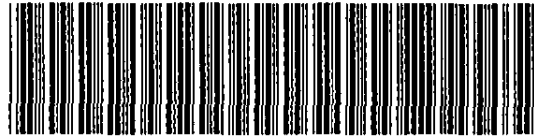
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: *Emerald Coast Heavens Saints MM, 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: *Craig Reynolds*
Name (Printed or typed)

3267 Pippin Dr.
Address

Cottondale FL 32431
City, State & Zip

850-526-8243
Daytime Telephone number

Craig_61@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: *Emerald Coast Heavens Saints MM, Inc.*

ARTICLE II PRINCIPAL OFFICE

Principal street address:

24388 HWY 331 South
Santa Rosa Beach FL 32459

Mailing address, if different is:

3267 Pippin Dr.
Cottondale FL 32431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *To minister to the needs of the surrounding*
communities, including, but not limited to, volunteering at local prisons, youth camps, shelters,
etc, accord to the needs of the time.

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

Director are elected and appointed by Chapter Members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *Walter Campbell, President* Name and Title: *Craig Reynolds, Treasurer*

Address: *142 Ebbwood Dr.* Address: *3267 Pippin Dr.*
Defuniak Springs FL 32435 *Cottondale FL 32431*

Name and Title: *Robert Happoldt, Vice President* Name and Title: *Don Hawkins, Secretary*

Address: *3924 Woodrest Rd* Address: *1399 Rudd Rd*
Cottondale FL 32431 *Cottondale FL 32431*

Name and Title: *Robert Johnson, Chaplin* Name and Title: _____

Address: *1424 Mill Rd.* Address: _____
Alford FL 32420

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TALLAHASSEE, FLORIDA

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: Craig Reynolds

Address: 3267 Pippin Dr

Cottondale FL 32431

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Craig Reynolds

Address: 3267 Pippin Dr.

Cottondale FL 32431

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

Craig Reynolds

Required Signature of Registered Agent

2/27/13

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.

Craig Reynolds

Required Signature of Incorporator

2/27/13

Date