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13 AUG - 1 AM 8:05
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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FILING

COVER LETTER

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

SUBJECT: ABRAHAM LODGE NO. 163 OF PALM COAST, 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

ALFONSA
FROM: ~~ALPHONSE~~ PHILLIPS
Name (Printed or typed)

751 ALCAZAR AVE
Address

ORMOND BEACH FL 32174
City, State & Zip

(386) 481-3577
Daytime Telephone number

jmayocpa@mayoadvisory.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: ABRAHAM LODGE NO. 163 OF PALM COAST, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
751 ALCAZAR AVENUE

Mailing address, if different is:

ORMOND BEACH FL 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PURSUE THE PRINCIPLES CONSISTENT
WITH THE GRAND LODGE AND UNDER THE UMBRELLA OF THE GRAND LODGE
AND FREE MASONRY

ARTICLE IV MANNER OF ELECTION

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALPHONE PHILLIPS, EX DIRECTOR

Name and Title:

Address: 751 ALCAZAR AVE
ORMOND BEACH FL 32174

Address:

Name and Title: Secretary Jemma Williams

Name and Title:

Address: 20 Rippling Pl.
Palm Coast, Fl 32164

Address:

Name and Title: Treasure Eugene Jones

Name and Title:

Address: 1009 Imperial Dr.
Daytona Beach, Fl
32117

Address:

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STATE DEPT. OF STATE
DIVISION OF CORPORATIONS

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:

APLHONSE PHILLIPS

ALFINSA PHILLIPS

Address:

751 ALCAZAR AVENUE

ORMOND BEACH FL 32174

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

APLHONSE PHILLIPS

ALFINSA

Address:

751 ALCAZAR AVENUE

ORMOND BEACH FL 32174

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

X Alphonse Phillips

Required Signature of Registered Agent

X 07/15/2013

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.

X Alphonse Phillips

Required Signature of Incorporator

X 07/15/2013

Date