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DIVISION OF CORPORATIONS
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9/13/13

COVER LETTER

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

SUBJECT: **DIXIE COUNTY COMMUNITY ALLIANCE, 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: **DIXIE COUNTY COMMUNITY ALLIANCE, INC.**
Name (Printed or typed)

11076 NE 349 HIGHWAY
Address

OLD TOWN, FL 32680
City, State & Zip

352 542-9298
Daytime Telephone number

sherrycoffill@aol.com
E-mail address: (to be used for future annual report notification)

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

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

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CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

DIXIE COUNTY COMMUNITY ALLIANCE, INC

ARTICLE II PRINCIPAL OFFICE

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Principal street address:

11076 NE 349 HIGHWAY

OLD TOWN, FL 32680

Mailing address, if different is:

11076 NE 349 HIGHWAY

OLD TOWN, FL 32680

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to
acquire, transport, and distribute food and personal necessities
to the hungry and needy.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The directors

are to be elected by a majority of the nonprofit members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHARLES BECHTOLD, President

Name and Title: _____

Address: P.P. BOX 1676
CROSS CITY, FL 32628

Address: _____

Name and Title: ALICIA RICHARDSON, VP

Name and Title: _____

Address: 159 SE 266 ST
Mayo, FL 32066

Address: _____

Name and Title: SHERRY L COFFILL, Sec., Treas.

Name and Title: _____

Address: 11076 NE 349 HIGHWAY
OLD TOWN, FL 32680

Address: _____

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: SHERRY L. COFFILL
Address: 11076 NE 349 HIGHWAY
OLD TOWN, FL 32680

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHERRY L. COFFILL
Address: 11076 NE 349 HIGHWAY
OLD TOWN, FL 32680

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

Sherry L. Coffill
Required Signature of Registered Agent

9/01/2013
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.

Sherry L. Coffill
Required Signature of Incorporator

9/01/2013
Date

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