

N 13 000008684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

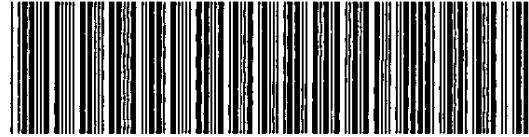
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13 SEP 23 PM 3:41

9/25/13

COVER LETTER

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

SUBJECT: American Legion Auxiliary, Aaron Vaughn Unit 399 Palm City, 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: Jo Ann Maitland
Name (Printed or typed)

1115 SE Alamanda Lane
Address

Stuart, FL 34995-3619
City, State & Zip

772-215-1330
Daytime Telephone number

1stmait@gmail.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.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2013

JO ANN MAITLAND
POST OFFICE BOX 1248
PALM CITY, FL 34991

SUBJECT: AMERICAN LEGION AUXILIARY, DEPARTMENT OF FLORIDA,
AARON VAUGHN UNIT 399, INC. PALM CITY
Ref. Number: W13000048699

We have received your document for AMERICAN LEGION AUXILIARY, DEPARTMENT OF FLORIDA, AARON VAUGHN UNIT 399, INC. PALM CITY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0401, 617.0401, and 608.406, Florida Statutes, state that entity names "may not contain language stating or implying that the corporation is connected with a state or federal government agency or a corporation chartered under the laws of the United States." Therefore, we are unable to approve the name designated in your document. Please select a new name and make the substitution in all the appropriate places.

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>.

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: 613A00020768

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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13 SEP 23 PM 3:41
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

FILED
DIVISION OF STATE
CORPORATIONS

13 SEP 23 PM 3:41

ARTICLE I NAME

The name of the corporation shall be:

American Legion Auxiliary Aaron Vaughn Unit 399 Palm City, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

2464 Veterans Ave.

Stuart, FL 34994

Mailing address, if different is:

POB 1248

Palm City, FL 34991

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to serve Veterans, their families and their communities.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Majority vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Jo Ann Maitland, President

Address

1115 SE Alamanda Lane
Stuart, FL 34996-3619

Name and Title:

Marilyn Anderson, Vice President

Address:

1722 SW Waterfall Blvd.
Palm City, FL 34990-4769

Name and Title:

Mysty Houchin, Treasurer

Address

1328 SW Squire Johns Lane
Palm City, FL 34990-7836

Name and Title:

Dorinda Houchin, Secretary

Address:

107 SW Hawthorne Circle
Port St. Lucie, FL 34953

Name and Title:

Name and Title:

Address

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: Jo Ann Maitland

Address: 1115 SE Alamanda Lane
Stuart, FL 34996-3619

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jo Ann Maitland

Address: 1115 SE Alamanda Lane
Stuart, FL 34996-3619

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

Jo Ann Maitland
Required Signature of Registered Agent

9/17/13
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.

Jo Ann Maitland
Required Signature of Incorporator

9/17/13
Date

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