

N130000009085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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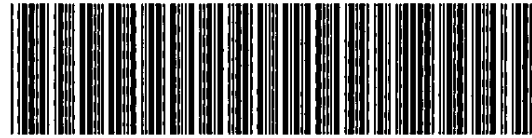
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 10/7

COVER LETTER

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

SUBJECT: VFW POST 6287 MEN'S AUXILIARY 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: BILL M CONNEL
Name (Printed or typed)

1101 VENTANA PR
Address

RUSKIN FL 33573
City, State & Zip

813-633-6679
Daytime Telephone number

BILL C MOODY DUNBAR.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: VFW POST 6287 MEN'S AUXILIARY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5120 US HIGHWAY 41 NORTH
RUSKIN FL. 33572

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SUPPORT THE VFW'S FUNCTIONS I.E.
POPPY FUND DRIVE VETERANS DAY PARADE BY RAISING FUND THRU
A B. MONTHLY STEAK DINNER AND TURKEY SHOOT.

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

ELECTED BY MEMBERSHIP

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVE IM PRESIDENT Name and Title: _____
Address: 1010 VENTANA DR. Address: _____
RUSKIN FL. 33573

Name and Title: BOB CAIN Name and Title: _____
Address: 15738 CRISTAL WATERS Address: _____
WIMAUMA FL 33598 DR.

Name and Title: JOE HARVATH Name and Title: _____
Address: 6233 FLORIDA CIRCLE E Address: _____
APOLLO BEACH FL 33572

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BILL M'CONNELL
Address: 1101 VENTANA DR
RUSKIN FL 33573

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BILL M'CONNELL
Address: 1101 VENTANA DR
RUSKIN FL 33573

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

[Signature]
Required Signature of Registered Agent

10-2-13
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.

[Signature]
Required Signature of Incorporator

10-2-13
Date