

N 13000009184

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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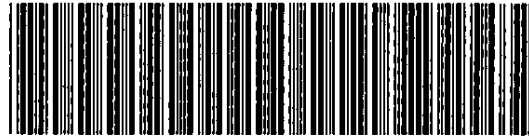
(Business Entity Name)

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COVER LETTER

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

SUBJECT: Florida Cytrus Model Train Society, 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: David L. Mikelson
Name (Printed or typed)

9340 Lagoon Place 305
Address

Davie, FL 33324
City, State & Zip

954-802-1137
Daytime Telephone number

david.mikelson@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.

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

ARTICLE I NAME

The name of the corporation shall be: Florida Citrus Model Train Society, Inc.

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ARTICLE II PRINCIPAL OFFICE

13 OCT -8 PM 3: 05

Principal street address:
9340 Lagoon Place 305

Mailing address, if different is:

Davie, FL 33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To promote the joy of model railroading by providing displays in public library, schools and Museums.

To provide educational service for safety using Operation Lifesaver materials.

To assist Boy Scouts to earn railroad merit badge.

To assist training young people interested in building model railroad layouts.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Three directors are elected year year during the month of December by the general membership.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ken Sargeant, President
Address: 1810 SW 105th Ave
Ft. Lauderdale, FL 33324

Name and Title: David Mikelson, Secretary
Address: 9340 Lagoon Place -305
Davie, FL 33324

Name and Title: Joe Parisini
Address: 2071 NW 84th Ter
Pembroke Pines, FL 33024

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
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: David L. Mikelson

Address: 9340 Lagoon Place 305
Davie, FL 33324

ARTICLE VII INCORPORATOR

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

Name: David L. Mikelson

Address: 9340 Lagoon Place 305
Davie, FL 33324

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

David L. Mikelson
Required Signature of Registered Agent

October 4, 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.

David L. Mikelson
Required Signature of Incorporator

October 4, 2013
Date

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