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**COVER LETTER**

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

**SUBJECT:** Apalachee Anthropological 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:** Craig B. Willis  
Name (Printed or typed)

211 South Gadsden Street  
Address

Tallahassee, FL 32301  
City, State & Zip

(850) 681-1800  
Daytime Telephone number

cwillis@floridaeminentdomainattorneys.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:

Apalachee Anthropological Society, Inc.

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**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

211 South Gadsden Street

Tallahassee, FL 32301

Mailing address, if different is:

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**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

The purpose of this non-profit corporation is  
the dissemination of cultural and archaeological information concerning pre-European  
Amerindian groups in the North Florida geographic and cultural areas. A secondary  
purpose is to provide support and assistance to professional Archaeologists and  
organizations in both field projects and research activities and studies.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

The directors are elected by a vote of a majority of a quorum of members at a meeting for that purpose.

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Craig B. Willis, President

Address: 211 South Gadsden Street

Tallahassee, FL 32301

Name and Title: Louis Hill, Jr., Vice-President

Address: 5926 Miller Landing Cove

Tallahassee, FL 32312

Name and Title: Letitia Bryson Willis, Director

Address: 3678 Dwight Davis Drive

Tallahassee, FL 32312

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Craig B. Willis

Address: 211 South Gadsden Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Craig B. Willis

Address: 211 South Gadsden Street  
Tallahassee, FL 32301

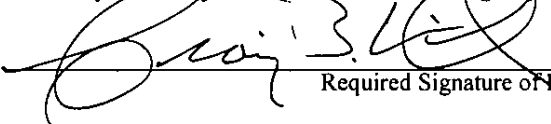
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
(Required Signature of Registered Agent)

October 17, 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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

October 17, 2013

Date

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