

N13 uuuu007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100252816671

11/06/13--01032--011 \*\*120.00

RECEIVED  
DEPARTMENT OF STATE  
13 NOV - 6 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*[Handwritten signature]*  
11-6-13

**COVER LETTER**

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

SUBJECT: Florida Defense Contractors Association  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Inc.

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:

JOE Marino

Name (Printed or typed)

4607 Roscrea Drive

Address

Tallahassee FL 32309

City, State & Zip

850-514-5183

Daytime Telephone number

rwilson@wilsonmgmt.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: Florida Defense Contractors Association  
Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

4067 Roscrea Drive  
Tallahassee Florida  
32309

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A nonprofit association  
representing the common business interests  
of businesses engaged in manufacturing, supplying  
or other services for national defense through  
collaboration, networking, business mentoring and  
other related activities.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: appointed

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

Name and Title: Joe Marino Name and Title: Drew Harris

Address: President Address: Treasurer

4067 Roscrea Drive  
Tallahassee, FL 32309

4067 Roscrea Drive  
Tallahassee, FL 32309

Name and Title: Jenny Humbert Name and Title: Sue Englander

Address: 4067 Roscrea Drive Address: Secretary

Tallahassee FL 32309  
Chairman

4067 Roscrea Drive  
Tallahassee FL 32309

Name and Title: Tim Bagriefski Name and Title: Noel McCormick

Address: 7887 Bryan Dairy Rd Address: Vice President

Suite 500  
Largo, FL 33777

7887 Bryan Dairy Rd  
Suite 500  
Largo, FL 33777

13 NOV - 6 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FL 32309

APPROVED  
FILED

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: Robert W. Wilson

Address: 113 East College Avenue, Suite 200  
Tallahassee, FL 32301

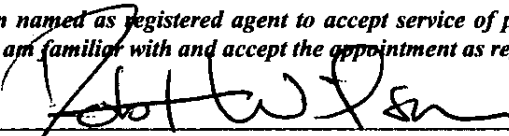
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joe Marino

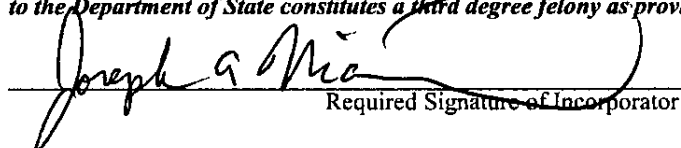
Address: 4067 Roscrea Drive  
Tallahassee FL 32309

*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

11/6/2013  
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

11/5/2013  
Date