

N13000010307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

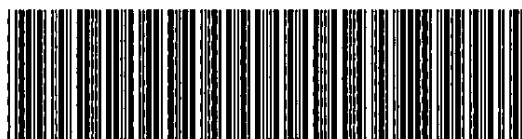
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/14/13--01012--008 **78.75

EFFECTIVE DATE 11-12-13

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV 14 PM 12:29

Ps 11/15/13

COVER LETTER

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

SUBJECT: U.S. Military Vets MC Chapter 15, 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: Lonnie J. Smith
Name (Printed or typed)

104 Pine Court
Address

Niceville, FL 32578
City, State & Zip

850-974-8310
Daytime Telephone number

swoopusmvmc@gmail.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: U.S. Military Vets MC Chapter 15, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

3676 Poverty Creek Road

Crestview, Fl 32536

Mailing address, if different is:

PO Box 262

Crestview, Fl 32536

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE BROTHERHOOD FOR U.S. MILITARY VETERANS,
SUPPORT OUR LOCAL COMMUNITY, AND IMPROVE THE IMAGE OF MILITARY VETERANS AND MOTORCYCLE
CLUBS TO THE GENERAL PUBLIC.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: AS PROVIDED FOR IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LONNIE J. SMITH (VP) Name and Title: _____

Address: 104 PINE COURT Address: _____
NICEVILLE, FL 32578

Name and Title: DOUG INGRAM (P) Name and Title: _____

Address: 3676 POVERTY CREEK ROAD Address: _____
CRESTVIEW, FL 32536

Name and Title: DUNCAN J. FERGUSON (TRE) Name and Title: _____

Address: 5672 CHEROKEE NENE Address: _____
CRESTVIEW, FL 32536

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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: LONNIE J. SMITH

Address: 104 PINE COURT
NICEVILLE, FL 32578

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LONNIE J. SMITH

Address: 104 PINE COURT
NICEVILLE, FL 32578

ARTICLE VIII EFFECTIVE DATE

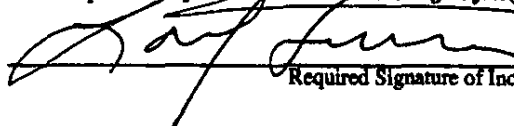
The effective date for this incorporation shall be:
11/12/2013

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

11/12/13
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.


Required Signature of Incorporator

11/12/13
Date