

N 13000010484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

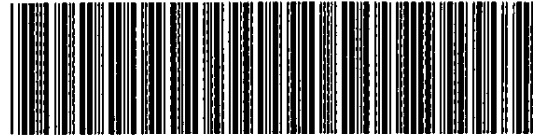
(Document Number)

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

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Election OK per  
Joey Bryan

cf 11/20/13  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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cf 11/20/13

## COVER LETTER

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

SUBJECT: Central/North Florida Viper Club, 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: Alexander Macevicius  
Name (Printed or typed)

262 Morning Creek Circle  
Address

Apopka, FL 32712  
City, State & Zip

847-489-5703  
Daytime Telephone number

admacevicius@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: North/Central Florida Viper Club, Inc.

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**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
262 Morning Creek Circle

Mailing address, if different is: 13 NOV 19 PM 3:44

Apopka, FL 32712

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: car club for people dedicated to the Dodge/SRT Viper.

**ARTICLE IV    MANNER OF ELECTION**

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

Voted on by the paid membership of the club, elected every 2 years.

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

Name and Title: Alexander Macevicius, President

Name and Title: Matt Terrico, Vice President

Address: 262 Morning Creek Circle  
Apopka, FL 32712

Address: 4210 Pecan Ln  
Orlando, FL 32812

Name and Title: Laurie Rowand, Board of Directors

Name and Title: Chad Fritz, Board of Directors

Address: 8700 Ridgewood Ave #B210  
Cape Canaveral, FL 32920

Address: 1200 Floral Springs Blvd # 9102  
Port Orange, FL 32129

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

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

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

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: Alexander Macevicius

Address: 262 Morning Creek Circle  
Apopka, FL 32712

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alexander Macevicius

Address: 262 Morning Creek Circle  
Apopka, FL 32712

*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

11-15-13  
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

11-15-13  
Date

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