

N1300010744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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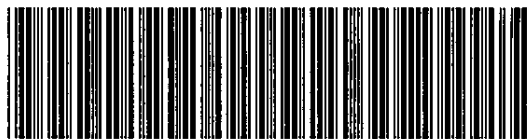
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: **VETERANS ISLAND VFW POST, 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: **A. J. SARTIN**
Name (Printed or typed)

403 17TH STREET
Address

ST. AUGUSTINE, FL 32084
City, State & Zip

904-669-1946
Daytime Telephone number

FLORIDADUDE@BELLSOUTH.NET
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: VETERANS ISLAND VFW POST, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
403 17TH STREET

ST. AUGUSTINE, FL 32084

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To foster camaraderie among United States Veterans of overseas conflicts. To serve our veterans, the military, and our communities. To advocate on behalf of all veterans. To ensure that veterans are respected for their service, always receive their earned entitlements, and are recognized for the sacrifices they and their loved ones have made on behalf of this great country. To promote patriotism, honor military service, and ensure the care of veterans and their families. Promote positive image of the VFW and respect the diversity of veteran opinions.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By the vote of current members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: A. J. Sartin, President

Address: 403 17th Street
St. Augustine, FL 32084

Name and Title: Fred L. Johnstone, Treasurer

Address: 520 Coopers Cove Road
St. Augustine, FL 32095

Name and Title: Jack McClung, Director

Address: 213 12th Street
St. Augustine, FL 32084

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: A. J. Sartin, P
Address: 403 17th Street
St. Augustine, FL 32084

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: A. J. Sartin, P
Address: 403 17th Street
St. Augustine, FL 32084

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

 11-25-13
Required Signature of Registered Agent 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.

 11-25-13
Required Signature of Incorporator Date