

N1400000/407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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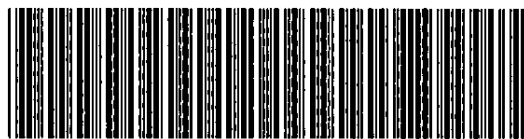
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

K 02/17/14

COVER LETTER

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

SUBJECT: West Florida Wheelmen, 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: WEST FLORIDA WHEELMAN
Name (Printed or typed)

PO Box 9321
Address

PENSACOLA, FL. 32513
City, State & Zip

850.712.4414
Daytime Telephone number

Kuhnell12@hotmail.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: West Florida Wheelmen, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1236 Ceylon Dr.
Gulf Breeze, Fl
32563

Mailing address, if different is:

P.O. Box 9321
Pensacola, Fl
32513

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Supporting and promoting
bicycling in N.W. Florida

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OF THE
STATE OF
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ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as

provided for in the by-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Trish Kunnell (Pres.) Name and Title: Robert Graves Jr. (V.P.)

Address: 1818 Peyton Dr. Address: 2330 Inverness Dr.
Pensacola, Fl. 32503 Pensacola, Fl. 32503

Name and Title: Vicki Grooters (Treasurer) Name and Title: Pam Jones (Secretary)

Address: 1236 Ceylon Dr. Address: 3042 Oak Pointe Dr.
Gulf Breeze, Fl. 32563 Pensacola, Fl. 32505

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Hunter Whittington C.P.A.

Address: 2460 Semoran Dr.
Pensacola, Fl. 32503

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FALLAH:SEC. OF CORP. DIVISION

14 FEB 10 AM 9:22

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Trish Kuhnell

Address: 1818 Peyton Dr.
Pensacola, Fl 32503

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

Hunter Whittington
Required Signature of Registered Agent

2-7-14
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.

Trish Kuhnell
Required Signature of Incorporator

2-6-14
Date