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DIVISION OF CORPORATIONS  
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*J. 2/26/14*

## COVER LETTER

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

**SUBJECT:** Nature Coast Rotaract, 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:** Jessica K. Czaya, Esq.  
Name (Printed or typed)

P.O. Box 2016  
Address

Lecanto, FL 34460  
City, State & Zip

352-795-0404  
Daytime Telephone number

info@keithtaylorlaw.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Nature Coast Rotaract, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

135 NE 3rd Street

Crystal River, FL 34429

Mailing address, if different is:

P.O. Box 1207

Crystal River, FL 34423

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to serve the Nature Coast Community through service projects and volunteer work.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: majority voting by quorum

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

Name and Title: Jessica K. Czaya, Pres. Name and Title: \_\_\_\_\_

Address: P.O. Box 2016 Address: \_\_\_\_\_  
Lecanto, FL 34460

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

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

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: Keith R. Taylor, Esq.

Address: 1143 North Lyle Avenue  
Crystal River, FL 34429

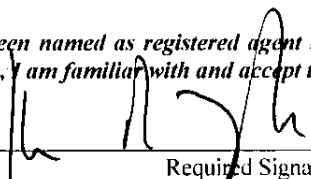
**ARTICLE VII INCORPORATOR**

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

Name: Jessica K. Czaya

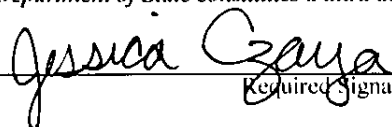
Address: P.O. Box 2016  
Lecanto, FL 34460

*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

12/23/2013  
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

12/23/2013  
Date

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