

11400002238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

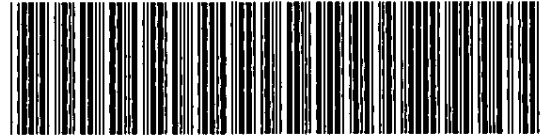
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/10/14--01002--003 **70.00

RECEIVED
DEPARTMENT OF STATE
CORPORATE REGISTRATION
2014 MAR -7 PM 3:30
ADJUTANT GENERAL
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
14 MAR -7 PM 3:43
STATE
OFFICE OF THE
CLERK OF THE
SUPREME COURT
FLORIDA

3 7-14

COVER LETTER

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

SUBJECT: **McGrew League, 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: **Samuel McGrew**

Name (Printed or typed)

88 Homan Point

Address

Crawfordville, FL 32327

City, State & Zip

(850) 284-2118

Daytime Telephone number

sgrew44@yahoo.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: McGrew League, Inc

14 MAR -7 PM 3:43

ARTICLE II PRINCIPAL OFFICE

Principal street address:

88 Homan Point

MAILING ADDRESS, IF DIFFERENT: STATE OF FLORIDA

Crawfordville, FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Said appointed by Board Chairperson. The directors are elected using the close ballot system. Directors shall serve a two year term.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samuel McGrew, Chairperson

Address: 88 Homan Point
Crawfordville, FL 32327

Name and Title: Jeremy Johnston, Vice Chair

Address: 80 Jr. Milton Rd.
Crawfordville, FL 32327

Name and Title: James Vernon, Board Member

Address: 66 Ej. Sringer Rd.
Crawfordville, FL 32327

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VII DISSOLUTION OF ORGANIZATION

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

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: Samuel McGrew

Address: 88 Homan Point
Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Samuel McGrew

Address: 88 Homan Point
Crawfordville, FL 32327

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

3-6-14
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.


Required Signature of Incorporator

3-6-14
Date