

N/4000002855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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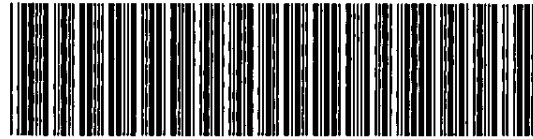
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 03/26/14

## COVER LETTER

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

SUBJECT: AMVETS RIDERS CHAPTER 2006 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: AMVETS RIDERS CHAPTER 2006 INC  
Name (Printed or typed)

500 N. CANAL ST  
Address

LEESBURG FL, 34748  
City, State & Zip

352-323-8750  
Daytime Telephone number

HOMERKENYON@A1MAIL.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: AMUETS RIDERS CHAPTER 2006 INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

500 N CANAL ST LEESBURG FL 34748

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A SUBORDINATE ORGANIZATION  
OF AMUETS Post 2006 INC. formed to Provide  
COMMUNITY SERVICE AND SUPPORT TO OUR VETERANS  
AND OUR ACTIVE SERVICE PERSONNEL

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

ELECTED Annually

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

Name and Title:

PRESIDENT

Name and Title:

Address:

AL VIGUE

Address:

1461 Blueberry way

The Villages FL 32162

Name and Title:

1st Vice Kenneth Hicks

Name and Title:

Address:

8 Robin Rd

Address:

Wildwood FL 34785

Name and Title:

Treasurer Homer Kenyon

Name and Title:

Address:

213 WATERFRONT DR

Address:

Leesburg FL 34748

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 MAR 24 AM 9:26

FILED

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: Homer Kenyon

Address: 213 WATERFRONT DR

Leesburg FL 34748

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: HOMER KENYON

Address: 213 WATERFRONT DR

Leesburg FL 34748

*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*

Homer Kenyon  
Homer Kenyon Required Signature of Registered Agent

3-21-2014  
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.*

Homer Kenyon  
352-455-2950 Required Signature of Incorporator  
HOMER KENYON

3-21-2014  
Date