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(Requestor's Name)

(Address)

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(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

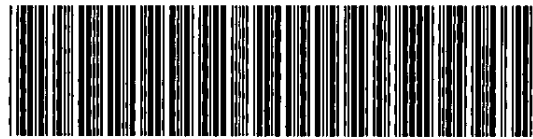
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SECRETARY OF COMMERCE  
DIVISION OF CORPORATIONS  
16 APR -7 AM 11:04

## COVER LETTER

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

SUBJECT: **Fire & Iron Station #113 Space Coast 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: **Michael A Bloom**  
Name (Printed or typed)

**829 VILLA DRIVE**  
**MELBOURNE, FL 32940**

City, State & Zip

**321-544-4769**

Daytime Telephone number

**sta113treas@gmail.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: Fire & Iron Station #113 Space Coast Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
829 VILLADRIVE  
MELBOURNE, FL 32940

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Fire & Iron Station #113 Space Coast Inc. is a  
chapter of Fire & Irons National Inc. Fire & Iron Motorcycle Club is a non affiliated  
motorcycle club for Firefighter and Emergency Services Personnel. It is a not for  
profit organization. Fire & Iron 113's activities are motorcycle runs for the club,  
attending non profit motorcycle events benefiting local and regional charities,  
monthly meetings of the membership and the planning of events to be conducted  
by our club all proceeds of which are donated to a charity or person in need.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

Elections are held annually. Nominations are made and elected by the membership.

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

Name and Title:	<u>Arthur Brock President</u>	Name and Title:	<u>Daniel Hensler V. Pres</u>
Address	<u>3407 Rocky Gap Place</u>	Address:	<u>829 Villa Drive</u>
	<u>Cocoa, FL 32936</u>		<u>Melbourne, FL 32940</u>

Name and Title:	<u>Michael Bloom Treasurer</u>	Name and Title:	_____
Address	<u>829 VILLADRIVE</u>	Address:	_____
	<u>MELBOURNE, FL 32940</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 APR -7 AM 11:04

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

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

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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: Michael Bloom

Address: 829 VILLA DRIVE  
MELBOURNE, FL 32940

**ARTICLE VII INCORPORATOR**

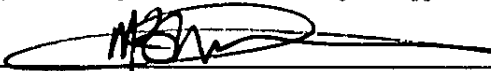
The **name and address** of the Incorporator is:

Name: Michael Bloom

Address: 829 VILLA DRIVE  
MELBOURNE, FL 32940

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DIVISION OF CORPORATIONS  
14 APR -7 AM 11:04

*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

1/15/14  
Date

**MICHAEL A. BLOOM**

*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

1/15/14  
Date

**MICHAEL A. BLOOM**