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COVER LETTER

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

SUBJECT: Mikesville Home Demonstration Club, 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: H. Wayne Whitten

Name (Printed or typed)

536 SW Jim Ward St.

Address

Ft. White, FL 32028

City, State & Zip

813-784-6017

Daytime Telephone number

hwwhitten@aol.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 The name of th	NAME Mikesville Ho	me Dei	emonstration Club, Inc.			
ARTICLE II						
Principal street address: 296 SE Clubhouse Lane			Mailing address, if different is: 2098 SW Carl Wilson RD.			
Lal	ce City, FL 32024		Ft. White, FL 32028			
• •	or which the corporation is organized is:		nership of the land and building described by the Columbia on Club under parcel ID 22-6S-17-09727-007, and operate			
it as a comm	nunity center predominately for charita	ble and ot	other tax exempt purposes detailed in FS 196.1986.			
As such, th	e facility would serve its community	-based me	nembership by providing a meeting place open			
to its tradition	onal use by local government service	entities suc	ich as county extension agents and the supervisor			
of elections	s in addition to civic and family grou	ıps in kee	eping with the intent of the grantors of a warranty			
deed for th	e parcel dated September 24, 195	1 recorde	ded in Columbia County Deed Book 80, page 23			
ARTICLE IV	The manner of ELECTION The manner with the organization's byla		ich the directors are elected and appointed:			
ARTICLE	/ INITIAL OFFICERS AND/OR DE	RECTORS	APR 22 LLARASS			
Name and Titl		Name and	Title: Wayne Whitten			
Address	President	Address:	Vice President			
	245 SW Carl Wilson RD		536 SW Jim Ward St. 5			
	Ft. White, FL 32038	•	Ft. White, FL 32028			
Name and Title: Carl Wilson			Title: Katherine Freeman			
Address	Secretary-Treasurer	Address:	Director			
	2098 Carl Wilson RD		381 SE County RD 18			
	Ft. White, FL 32038		Lake City, FL 32024			
Name and Titl	e. Robert Lites	Name and	Title: Wayne Moseley			
Address	Director	Address:	Director			
	390 SW Hall Ave.		17102 S. U.S. Hwy 441			

Lake City, FL 32024

Ft. White, FL 32028

•			, ,	
Name and Titl	e:	Name and Title:		-
Address		Address:		-
		· · · · · · · · · · · · · · · · · · ·		_
				_
Name and Title	e:	Name and Title:		_
Address		Address:		_
				_
				_
ARTICLE VI				
-	Florida street address (P.O. Box NOT acception Carl Wilson	lable) of the registered agent is:		
Name:				
Address:	2098 SW Carl Wilson F	<u> </u>		7
	Ft. White, FL 32038		1. 12 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	R T
ARTICLE VI	II INCORPORATOR		80 3.5 63 75 13 75	23
	address of the Incorporator is:		ns co ma	
Name:	H. Wayne Whitten			
Address:	536 SW Jim Ward St.		S im	19
	Ft. White, FL 32038			
Having been n certificate, I an	named as registered agent to accept service on familiar with and accept the appointment as	f process for the above stated registered agent and agree to a	corporation at the place act in this capacity	designated in t
0.6	5 \\C.O		4/15	12014
NRL L. C	Required Signature of Registered	Agent	Date	12017
I submit this d	cument and affirm that the facts stated here	n are true. I am aware that any	false information subm	itted in a docum
to the Departm	nent of State constitutes a third degree felony	s provided for in s.817.155, F.S 	/	12011
7/1	Required Signature of Incorp	orator	7/15 Water	2014
1 V.1	Acquired Signature of theory	== == = = = = = = = = = = = = = = = =	,	