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TALLAHASSEE, FLORIDA

gf 4/30/14

COVER LETTER

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

SUBJECT: Combat Veterans Motorcycle Association Inc. Chapter twenty-seven
(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:

Albert C NEUMANN
Name (Printed or typed)

5657 Pine Forest Drive West
Address

Fleming Island, Florida 32003
City, State & Zip

904-673-2504
Daytime Telephone number

f18fixer666@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be Combat Veterans Motorcycle Association Inc

ARTICLE II PRINCIPAL OFFICE

Chapter Twenty-Seven

Principal street address:

463688 SR 200 Suite 1 Box #423
YULEE, FLORIDA 32097

Mailing address, if different is

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This Association is organized for Veterans Helping Veterans. Our mission is help veteran care facilities, provide meals, clothing, shelter and guidance to those veterans in need. We assist with payment of monthly utility bills or other needs that may also need to be met.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Elected

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chapter Commander
Albert C Neumann

Address: 5657 Pine Forest Dr. W.
Fleming Island, Florida
32003

Name and Title: Chapter Treasurer
Jerry Karon

Address: 2876 Sans Pareil St.
Jacksonville Florida

Name and Title: Chapter Sgt at Arms
Ronald Sulhoff

Address: 14951 Walden Springs Way
Jacksonville, FL
32258

Name and Title: Chapter Executive Officer
Anthony Gucciardo

Address: 11173 Bentley Trace Ln. E.
Jacksonville, Florida
32212

Name and Title: Chapter Secretary
Matthew Hubbell

Address: 1520 Pelican Rd
Jacksonville, Florida
32212

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:

Albert C. Neumann

Address:

5657 Pine Forest Drive West
Fleming Island, FL 32003

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Jerry Karon

Address:

2876 Sons Pareil St.
JACKSONVILLE, FLORIDA 32246

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

4/23/2014
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.


Required Signature of Incorporator

4/23/2014
Date

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