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(City/State/Zip/Phone #) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	05./08/1401016014 **70.00		
Special Instructions to Filing Officer:	THE MAY -8 PH L: 11		

COVER LETTER

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

1 5 **1** 5 7 7 6

SUBJECT: SONS OF NORWAY-GATEWAY TO FLORIDA LODGE 3-541INC.

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

State State

.

ADDITIONAL COPY REQUIRED

FROM: FRANKLIN R MORRISON III

Name (Printed or typed)

4304 RIPKEN CIRCLE WEST

Address

JACKSONVILLE, FL 32224

City, State & Zip

904-612-8415

Daytime Telephone number

FMORRISON@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SONS OF NORWAY

Gateway Lodge 3-541 Jacksonville, FL

17 April 2014

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

To Whom It May Concern:

As the Registered Agent and Incorporator for the SONS OF NORWAY-Gateway Lodge 3-541, I am submitting the enclosed materials for Not-for-Profit Incorporation of our lodge.

In addition to the Articles of Incorporation, I have enclosed different material related to the lodge's status with the Internal Revenue Service. This material indicates that we are organized under Section 501 (C) (8) of the Internal Revenue Service Code and that our lodge has an IRS ID number 23-7425423 (see attached copy of the 990-N form).

If any additional information may be required, I can be contacted at 904-542-6688 or by mail at 4304 Ripken Circle West, Jacksonville, FL 32224.

Sincerely

Franklin R. Morrison III Lodge Treasurer

Enclosures

compliance with Chapter 617, F.S., (Not for Profit)

	in compliance with	Chapter 017, F.:	S., (NOTIOF PTOIL)		
ARTICLE I The name of the	NAME ac corporation shall be: SONS OF NOR	WAY-GATEW	AY TO FLORIDA LODGE 3-54	1INC.	
ARTICLE II	PRINCIPAL OFFICE				-
430	Principal <u>street</u> address: 4 RIPKEN CIRCLE WEST	43	Mailing address, if different is: 04 RIPKEN CIRCLE WEST		
JA	CKSONVILLE, FL 32224	JA	CKSONVILLE, FL 32224	!	
ARTICLE II	T PURPOSE or which the corporation is organized is: <u>A</u>	FRATERN	IAL BENEFIT SOCIETY		
				TA HA	DVISIO
				Y - 8 PM	NOF COALVA
	MANNER OF ELECTION The mathematic tension of tensi			4:	
ARTICLE	V INITIAL OFFICERS AND/OR DI	RECTORS			•7
Name and Titl	e: KENT LARSON PRESIDENT	Name and Title	EVELYN HOPKINS VICE PRESIDENT		
Address	4304 RIPKEN CIRCLE WEST	Address:	4304 RIPKEN CIRCLE WEST		
	JACKSONVILLE, FL 32224		JACKSONVILLE, FL 32224		
Name and Titl	RITA TWEED SECRETARY	Name and Title	FRANKLIN MORRISON III TREASURER		
Address	4304 RIPKEN CIRCLE WEST	Address:	4304 RIPKEN CIRCLE WEST		
	JACKSONVILLE, FL 32224		JACKSONVILLE, FL 32224		
Name and Titl	e:	Name and Title			

Address _____ Address:

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Name and Title:		ame and Title:		
Address	A	ddress:		
Name and Title:	N	lame and Title:		
Address	A	ddress:		
ARTICLE VI The <u>name and Flo</u>	REGISTERED AGENT ida street address (P.O. Box NOT acceptal	ble) of the registered agent is:		
Name:	FRANKLIN MORRISON III TREASU	IRER		
Address:	4304 RIPKEN CIRCLE WE	EST		F -1
	JACKSONVILLE, FL 322	224	TA HAY	JIVISI
ARTICLE VII	INCORPORATOR ress of the Incorporator is:		-8	
	FRANKLIN MORRISON III TREASU	IRER	PH	No.
Name: Address:	4304 RIPKEN CIRCLE WE	EST	÷	RANK A
Augusts.	JACKSONVILLE, FL 32	224	_	

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate_y I am familiar with and accept the appointment as registered agent and agree to act in this capacity

1

Required Signature of Registered Agent

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.

WŴ Required Signature of Incorporator

4/17/2014 Date

Date

4/17/2014

V11/13 Form 990-N (e-Postcard) Online - View and Print Return	
Information copy. Do not send to IRS.	
Electronic Notice (e-Postcard)	MB No. 1545- 2085
for Tax-Exempt Organizations not Regulated To File Form 990 or	2012
•	pen to Public Inspection
A For the 2012 calendar year, or tax year beginning <u>1/1/2012</u> , and ending <u>12/31/2012</u> .	• • • • • • • • • • • • • • • • • • • •
Terminated, Out of d/b/a: Gateway to Rorida Lodge 3-541 Iden	Employer
	nber 7425423_
E Website: www.sonjax.com F Name of Principal Officer: Kent Larson A013 Moroschurg Ct E	

<u>4013 Moresburg Ct E</u> Jacksonville, FL, US, 32257

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in Code section 6104.

The time needed to complete and file this form and related schedules will vary depending on individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do NOT mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

This Form 990-N (e-Postcard) was accepted by the IRS on 1/13/2013.