NAOWOSW

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	#)			
(,	,	,			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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SECKE TARY OF STATE



Hernando Chapter P.O. Box 12300 Brooksville, FL 34603



May 26, 2014

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

To whom it may concern,

Please find the signed original and copies of the completed Articles of Incorporation for your review, as well as a certified check in the amount of \$87.50 for filing fees, a certified copy, and certificate of status.

Should you have any questions regarding the completed Articles of Incorporation, please contact our proposed Registered Agent, Brian Rogers; aat the included address and/or phone number provided in the completed Articles of Incorporation.

Thank you in advance for your time and assistance in handling this matter.

Sincerely,

Allen Parrino Treasurer Enfrocers Motorcycle Club Hernando Chapter

COVER LETTER

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

SUBJECT: Enforcers Motorcycle Club Hernando Chapter 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

\$87.50

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Brian M. Rogers

Name (Printed or typed)

12113 Hunters Lake Dr

Address

New Port Richey, Fl. 34654

City, State & Zip

727-687-6489

Daytime Telephone number

brogers33@yahoo.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)

	PRINCIPAL OFFICE				
	Principal street address:	5	Mailing address, if different is:		
1211	12113 Hunters Lake Dr		P.O Box 12300		
New	v Port Richey fl. 34654	<u>B</u> r	Brooksville, Fl. 34603		
			e of this corporation is to promote ses through motorcycle related		
activities	and engender goodwill an	id camara	derie among motorcycle		
organizat	ions.				
ADMICI B III	TARRED OF BERONIOSE TIL.		e directors are elected and appointed: The director		
of the corpo	pration are appointed by the Pres	inner in which the sident of the	coproration.		
	and appearance by the same				
ARTICLE V	INITIAL OFFICERS AND/OR DIF	RECTORS			
Name and Title:	Richard Sessa/President	Name and Title	Allen Parrino/Treasurer		
	4201 Honeysuckle Ave	Address:	13 Rudbeckia Ct.		
	Palm Beach Gardens, Fl		Homosassa, Fl.		
•			Tiomosassa, i i. Sign Sign		
•	33410		34456		
Name and Title	Brian M. Rogers/1st Vice President	Name and Title	34456		
Name and Title:	Brian M. Rogers/1st Vice President	Name and Title	34456 SS PH 2:		
Address	Brian M. Rogers/1st Vice President 12113 Hunters Lake Dr	Name and Title	34456		
Address	Brian M. Rogers/1st Vice President 12113 Hunters Lake Dr New Port Richey, FI.		34456 29 PH 2: 2		
Address .	Brian M. Rogers/1st Vice President 12113 Hunters Lake Dr New Port Richey, Fl. 34654	Address:	29 PH 2: 29		
Address Name and Title:	Brian M. Rogers/1st Vice President 12113 Hunters Lake Dr New Port Richey, FI. 34654 Christopher Bailey/2nd Vice President	Address: Name and Title	34456 29 PH 2: 2		
Address .	Brian M. Rogers/1st Vice President 12113 Hunters Lake Dr New Port Richey, Fl. 34654	Address:	29 PH 2: 29		

Name and Title:	Nam	e and Title:	-	
Address	Addı	ress:	 -	
	Nam Addi	e and Title:		
ARTICLE VI The name and Flo Name:	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) Brian M. Rogers	of the registered agent is:		
Address:	12113 Hunters Lake Dr New Port Richey, Fl. 3465		€ NAN 2	
ARTICLE VII The name and add Name:	INCORPORATOR Iress of the Incorporator is: Brian M. Rogers	SSEE FLORIDA	29 PH 2: 29	
Address:	12113 Hunters Lake Dr New Port Richey, Fl. 3465			
certificate, I am fa	miliar with and accept the appointment as regi	ocess for the above stated corporation at the place stered agent and agree to act in this capacity	e designated in this	
Charles La		5/23/2014	5/23/2014	
Required Signature of Registered Agent		t Date	Date	
	nent and affirm that the facts stated herein are of State constitutes a third degree Jelony as pro	e true. I am aware that any false information subm wided for in s.817.155, F.S.	itted in a document	
Budd 3		5/23/201	5/23/2014	
	Required Signature of Incorporate	Date Date		