

N14000005281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

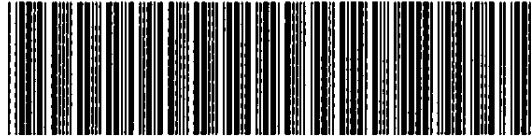
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

ADDED ", INC." TO CORP. NAME;  
ALSO ADDED "DIRECTOR"  
TO ARTICLE V (OFFICERS)  
PER TELEPHONE CONVERSATION  
WITH LUCAS BENNETT...

*06/06/14*

Office Use Only



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06/04/14--01010--008 \*\*87.50

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14 JUN -4 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*06/06/14*

## COVER LETTER

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

SUBJECT: The 19th Hole Club

(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: Lucas Bennett  
Name (Printed or typed)

7204 Stuart Street  
Address

Palatka, FL 32177  
City, State & Zip

386-937-0683  
Daytime Telephone number

lbennett@putnamschools.org  
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: The 19th Hole Club, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
1715 Moseley Ave

Palatka, Fl 32177

Mailing address, if different is:  
7204 Stuart Street

Palatka, Fl 32177

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To support the Palatka High School Boys golf team.

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_  
Directors will be elected by the parents of the golf team members

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

Name and Title: Lucas Bennett,    DIRECTOR

Address 7204 Stuart Street

Palatka, Fl 32177

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUN -4 AM 8:27

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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: Lucas Bennett

Address: 7204 Stuart Street

Palatka, FI 32177

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lucas Bennett

Address: 7204 Stuart St

Palatka, FI 32177

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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*

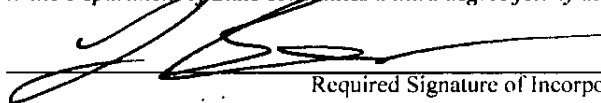


Required Signature of Registered Agent

4-9-2014

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

4-9-2014

Date