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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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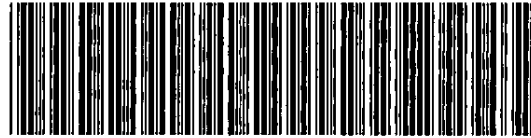
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Florida Conservation Group, 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: Joshua E. McNally

Name (Printed or typed)

245 N. Tamiami Trail, Ste. F

Address

Venice, FL 34285

City, State & Zip

941-412-7007

Daytime Telephone number

wildlandsconservation@gmail.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 NAME

The name of the corporation shall be: Florida Conservation Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
609 Poinciana Road

Mailing address, if different is:

Nokomis, FL 34275

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Work to protect Florida's natural and agricultural land and water resources through conservation tools including easements and purchases; conduct education and outreach on the ecological and economic importance of Florida's natural lands.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: as provided in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julie K. Morris, Pres

Address: 609 Poinciana Road
Nokomis, FL 34275

Name and Title: Thomas Hctor, VP

Address: 5631 N. W. 34th St.
Gainesville, FL 32653

Name and Title: David Durando, Treas.

Address: 216 S. 6th Ave.
Wauchula, FL 33873

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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: Julie K. Morris
Address: 609 Poinciana Road
Nokomis, FL 34275

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joshua E. McNally
Address: 245 N. Tamiami Trail, Ste. F
Venice, FL 34285

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

JULIE K. MORRIS

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

JOSHUA E. McNALLY

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TALLAHASSEE FLORIDA

Date

Date